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ABSTRACT

Based on a 1978 State Implementation Grant Conference in Denver, Colorado, the report presents 10 papers on the implementation of statewide early childhood special education programs for handicapped children. Titles and authors include "An Introduction to Technical Assistance" (P. Trohanis, L. Gilkerson); "Statewide Technical Assistance and Inservice Training for Preschool Programs in Pennsylvania" (F. Davis); "Considerations for Implementing Technical Assistance in Washington's Preschool Programs for the Handicapped" (W. Spence); "The Indiana Preschool Technical Assistance System" (P. Peterson, R. Schepp); "Consortium Building--Implications for States and Demonstration Projects" (D. Keeney, J. Hailey); "The Virginia Association of First Chance Projects" (M. Bunce); "Interagency Coordination" (J. Galloway, C. Imhoff); "A Description of a Statewide Model for the Identification of Hearing Impaired Infants" (S. Watkins); "An Ecological Approach to Working with Parents as Adults and Family Members" (D. Lillie); and "The Teaching Research Parent Training Clinic" (M. Moore et al.). (DLS)

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POINTS OF VIEW

A STATE IMPLEMENTATION GRANT CONFERENCE PROCEEDINGS DOCUMENT

EDITED BY
PASCAL L. TROHANIS, MARY MADDOX, AND PAMELA BAILEY

1978 SERIES
NUMBER 2

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POINTS OF VIEW

A State Implementation Grant Conference Proceedings Document

Edited by

Pascal Trohanis
Mary Maddox
Pamela Bailey

September 1978

A Publication of the Technical Assistance Development System (TADS) and Western States Technical Assistance Resource (WESTAR)

Acknowledgments

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BEH Project Officer
Dr. Dave Rostetter

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FOREWORD

Program services for young handicapped children and their families vary in breadth and sophistication in states across the nation. Some jurisdictions have established comprehensive programs; some have mandatory preschool legislation to guide their efforts; some have applied for and are creatively using preschool incentive grant monies; some are fostering the development of alliances among service providers.

And yet, amid all of this variance, the mood across the nation seems optimistically cautious for providing free and appropriate services to all handicapped children--including the preschooler. Questions continue to arise such as: Will Congress mandate services down to three-year olds? Will the incentive grant program really deliver the $300 per child originally called for? Will the development of new, local preschool services be stalled because of taxpayer revolts? How much longer will the Handicapped Children's Early Education Program (HCEEP) be around? What kind of support systems are needed to help keep the early childhood momentum going and help provide trained service providers? Finally, can states make an impact on preschoolers when they are under the gun to provide services to a school age population?

It was within this context that TADS and WESTAR planned and implemented a State Implementation Grant (SIG) Conference in Denver, Colorado, on February 21-23, 1978. The meeting, attended by 18 states with implementation grants addressed mutual concerns and timely early childhood/special education topical issues generated by the participants.

Points of View is an outgrowth of this conference. The chapters in the booklet were prepared by the authors who served as resource persons at the Conference. Their chapters are not transcripts of their presentations. Instead, the resource people were invited to participate in both the meeting and this booklet, because TADS and WESTAR felt that each had an important perspective and expertise on the issues to be discussed.

The booklet is aimed primarily at State Education Agency personnel and, secondarily, at the staffs of the HCEEP demonstration and outreach projects. The overall purpose of this booklet is to capture some of the latest thinking on key issues confronting statewide early childhood endeavors. More specifically, Points of View is designed so that readers can:

1) become aware of different viewpoints on issues which relate to their early childhood efforts and setting;
2) draw upon some of the information for the purposes of designing new program initiatives in their program setting.

The booklet is divided into three major sections, each with a brief introduction.

Section 1--Technical Assistance/Training Issues

This section contains four chapters which probe the important and emerging areas of statewide planning and programming efforts.

Section 2--Consortium Development Issues

This section contains two chapters which describe how state education agencies can more closely cooperate and work with HCEEP demonstration projects.

Section 3--Other Issues

This section contains a potpourri of readings which cover such issues as parents, high risk register, and interagency planning.

We hope that this booklet will stimulate further interest in conceptualizing and providing appropriate support and direct services to young handicapped children and their families. Furthermore, we hope that states, demonstration and outreach projects, and other state and local agencies will act in concert and join together to plan and implement more and better services.

Pascal Trohanis

Mary Maddox

Pamela Bailey

August 1978

Section 1
TA/Training Issues

One of the major concerns of states in the implementation of comprehensive, statewide programs for preschool handicapped children is program improvement through the delivery of technical assistance and training. Several approaches to the organization and implementation of a Technical Assistance program are presented in this section of Points of View. A systematic process for the delivery of TA, as well as recommendations for establishing a TA agency, are presented in "An Introduction to Technical Assistance," by Pascal Trohanis and Linda Gilkerson.

Numerous State Implementation Grants have focused on the development of a statewide TA and training capacity. The approaches of three different states to this problem are presented in this section. "Statewide Technical Assistance and Inservice Training for Preschool Programs in Pennsylvania," by Fred Davis, describes the organization, operation and management of CONNECT. "Considerations for Implementing Technical Assistance in Washington's Preschool Programs for the Handicapped," by Wayne Spence, discusses general issues in the planning and implementation of a TA program. Finally, "The Indiana Preschool Technical Assistance System," by Pamela Peterson and Ron Schepp, presents the TA system used in that state which focuses on the transition of kindergarten and prekindergarten children from community agencies to public school programs.

AN INTRODUCTION TO TECHNICAL ASSISTANCE

by

Pascal Trohanis and Linda Gilkerson

Since 1969 the Bureau of Education for the Handicapped (BEH) has provided extremely valuable assistance in the provision of services to young handicapped children. The Handicapped Children's Early Education Program (HCEEP) has not only provided a network of demonstration, outreach, and SIG projects, but it has also established the viability of educational services for young handicapped children through the development of new program models and curriculum products, the generation of new knowledge, and the initiation of a professional communication system. Through the HCEEP, early education for the handicapped has become visible, respectable, and desirable.

The federal government has done its job well. However, now is the time to consider seriously turning over the lead to the states. This is not to say that the states have not been involved in early education for the handicapped; a number of states have been extremely active. But now is the time to transfer the HCEEP "model" to the states.

What does this mean? First it means that states should have their own internal demonstration network. The network should provide a vari-

ety of approaches to the education of young handicapped children from which local education agencies (LEAs) and other service providers can learn. Second, and the focus of this chapter, states need to develop their own technical assistance (TA) and training programs to assist with the needed service changes.

Why Technical Assistance?

The predictable approach to change that has accompanied P.L. 94-142 is a major concentration on inservice training. This approach is problematic because inservice training alone will not effect the needed program changes in the delivery of services to handicapped children and their families. In addition to inservice training, or providing people with new skills and knowledge, the functioning and efficiency of the organization delivering services must also be affected. Therefore, technical assistance as an organizational development mechanism becomes one very important aspect of a comprehensive approach to program development.

The reasons for developing systematic TA services as a means for program development can be traced to the growing need in early childhood special education to assist colleagues responsively (teachers, aides, speech and language therapists, psychologists, supervisors, and administrators) who are confronted with tasks or responsibilities for which they have little or no experience or training. More often, our colleagues and their organizations have insufficient resources to ameliorate some specific problems.

What is TA?

TA is generally defined as the provision of qualitative content services (e.g., media improvement, planning and evaluation, deinstitutionalization, early childhood curriculum) to a client via the ongoing and systematic delivery of human, physical and/or financial resources. In essence, TA agencies provide content and resource assistance in order to help a client organization move from where it perceives itself in the present to where it perceives itself in the near or distant future. (See Figure 1.)

The focus of any TA endeavor should include the nurturing of positive change in a client organization. Specifically, technical assistance should be designed to help clients improve their capacity, skills, and/or knowledge in undertaking various activities which directly relate to their overall organizational mission and plan.

Is There Need For a Systematic TA Process?

We believe it is necessary to have an overall framework or process to guide TA endeavors. The one that TADS and its sister TA programs (Developmental Disabilities Technical Assistance System, Mid-East Learning Resource System, and Day Care Technical Assistance and Training System) have found successful is depicted in Figure 2. The explanations which follow the figure clarify the relationships and actions between the client and the technical assistance agency (TAA).

FIGURE 1

Technical Assistance Function

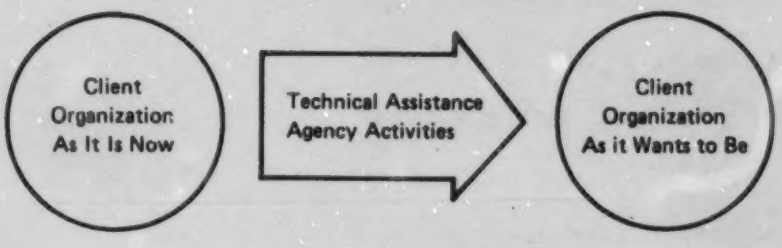
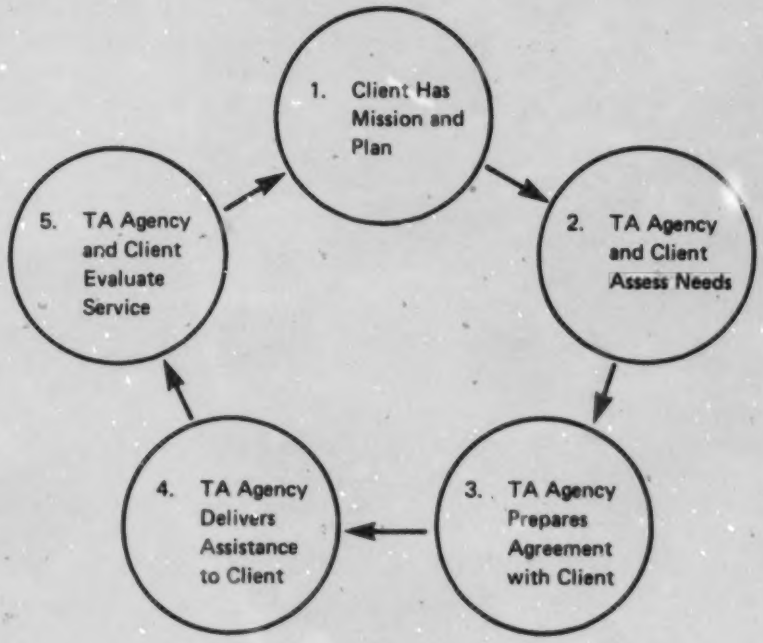


FIGURE 2

Technical Assistance Process


1. Client Has Mission and Plan
2. TA Agency and Client Assess Needs
3. TA Agency Prepares Agreement with Client
4. TA Agency Delivers Assistance to Client
5. TA Agency and Client Evaluate Service

1. Client has mission and plan. It is imperative for the TAA to know what overall goals, predispositions, time lines, and activities the client has, is developing, or has been mandated to do by some supraorganization. For example, TADS has to have a thorough understanding of the preschool programs for the handicapped; DDTAS has to be knowledgeable about Developmental Disabilities Councils; and MELRS had (MELRS finished its contract in 1976) to be sensitive to the mission and plans of the State Departments of Education that it served. By knowing and appreciating this information, the TA agency can conceptualize and organize its own content and resource assistance dimensions. Also, it is helpful for the TAA to understand how the client has translated its overall organizational thrust into an operational plan. This plan should contain such elements as its objectives, resources and constraints, alternative strategies, implementation procedures, and evaluation practices.

2. TA agency and client assess needs. A client may perceive the need for assistance in order to achieve some specific objectives which may (or may not) have been stated in the plan. Presumably, their own content, expertise, and resources are inadequate and they need enrichment assistance to complement or enhance their own capabilities. Hence, the client and TAA usually get together in person for two purposes. The first is to examine and clarify cooperatively and systematically the client's operational plan in order to identify needs or uncover discrepancies between where the program is and where it wants to be. For example, TADS uses a systematic and detailed

questionnaire in a discussion atmosphere to help uncover TA needs, while DDTAS and MELRS utilize a general interview process along with some supportive materials. Second, the TAA and the client cooperatively prioritize the TA needs.

3. TAA prepares agreement with client. A technical assistance agreement is prepared between the client and TAA after the needs assessment. This written document outlines the program need to be addressed, outcomes of the technical assistance, delivery actions and schedule, and evaluation procedure. The agreement helps clarify just what would be done for the client in clear and straightforward language. Furthermore, it facilitates the management of resources and serves as a visible accountability tool. Both the client and the TAA sign off on the agreement.

4. TAA delivers assistance to client. By having a TA agreement and a specified array of content areas, the TAA systematically searches for, retrieves, and delivers resources from within itself or turns to outside agencies or persons for help. Most often the TA agency delivers its services to clients in the form of personal, on-site consultation. Additionally, the agency provides the following types of services: review and critique of media and materials; small or large group topical workshops; mini-grants or cash for purchase of materials; personalized information searches; and client travel to other programs. Finally print and nonprint products (e.g., newsletters, slidetapes, monographs) may be provided.

5. TAA and client evaluates services. Once delivery is completed, the client is asked to provide information to the TAA concerning the effectiveness and satisfaction of the services. Following evaluation, the client may ask for another needs assessment and thereby begin the TA cycle again.

In addition to developing and operationalizing a systematic framework for the ongoing deployment of its various resources, the TA agency needs to develop specific content foci such as early childhood curriculum, individualized educational plans (IEPs), parent involvement, record keeping, and evaluation.

What Recommendations for Setting Up TA Agencies Can We Suggest?

As a result of participating in the evolution of the TA framework and overseeing the delivery of services in the area of early childhood, we offer ten recommendations which might be helpful to administrators or decision makers who are considering involvement in some sort of technical assistance operation. For the most part, the following recommendations are the result of experience, intuition, discussions with staff, and client feedback:

1. A TA agency cannot be all things to all people. It is imperative to define the agency's content and resource parameters with such factors as client audience, mission, organizational development, and funding.
2. A TA agency is a "resource helper," "moral supporter," "helping agent," and linker which keeps clients in touch with new content ideas and with one another. Hence, the agency must be

trusting, authoritative, and credible; it should not be perceived as a formal evaluator, competitor, or ivory tower.

3. A TA agency must be flexible and responsive to its clients' needs.
4. A TA agency should have a clear and synergistic operational framework which features such areas as needs assessments, TA agreements, delivery strategies, and evaluation.
5. A TA agency must have a qualitative mix of delivery strategies. That is, it should make available worthwhile print and nonprint products, workshops, and demonstrations. Above all, the agency should provide quality face-to-face consultation on specific TA needs.
6. A TA agency must realize that the timing of its service delivery is crucial. If a client wants a consultant to help with a particular task or problem at a prescribed time and date, it is vital that the consultant appears on or as close to that date as possible.
7. A TA agency must be aware that client receptivity to services varies depending upon numerous factors, such as client conflicts with their supraorganization, point at which clients enter the TA process, and timing of entry. Occasionally, diplomacy is needed by the agency when delivering new knowledge or skills.
8. A TA agency probably operates best when it draws upon and utilizes a variety of consultative talent. This recommendation assumes that one agency cannot embody all the expertise which would be necessary in order to respond to a wide array

of client demands. Hence an agency should partially serve as a broker which can make available a number of skilled consultants from across a wide area.

9. A TA agency should establish liaison relations with organizations which may have impact on or for the client.
10. Ultimately, a TA agency must sincerely care about its clients and their mission. This means that long-term, continuous, mutual relationships and communications are vital.

What Can Help Me to Think Through Setting Up a TA Program Systematically?

As mentioned, technical assistance programs may differ philosophically and procedurally. For example, one TA program may adopt a responsive approach tailored to meet individual client-identified needs, while another more directive TA program may determine the client's needs. The responsive program may view its TA services more as enrichment, having a relatively small but ameliorative effect on the clients. The directive program may perceive its technical assistance as compensatory and necessary for assuring quality performance; hence, this TA agency perceives itself as playing a major role in the success of the client's program. This more directive program may assume, in part, a regulatory or monitoring role, while the responsive program may provide only supportive assistance from a nonevaluative perspective.

The staffing patterns of the two programs may also differ in accordance with the different roles and functions of the two TA centers. The first center may be staffed primarily with process people who are

skilled in matching unique and individual client needs to the capabilities of outside consultants, while the second center may select a content-oriented central staff who work on-site with the clients to assess their performance, to provide direct assistance.

This partial description of two programs illustrates some of the issues that one must consider and the different choices one can make in developing a TA program. To assist the reader in conceptualizing a TA center, the information presented above has been expanded and displayed in chart form (see Figure 3). Using this chart, one can review the issues, select those that are pertinent, and determine where, upon a continuum of alternatives, his or her program should lie. The chart identifies the end points of each continuum; most programs will lie somewhere in between these extremes.

It is imperative that each TA program have a clearly defined philosophy and carefully developed procedures consistent with the philosophy. We hope that the issue's chart will assist program planners in articulating their philosophy and selecting appropriate procedures.

Good luck!

FIGURE 3

Planning Considerations for Developing a Statewide TA System

TA ISSUES			YOUR APPROACH
1. Approach to TA:	Responsive	Directive	
2. Delivery Strategy:	Individualized	Group	
3. Orientation to Client's Needs:	Deficit Model	Enrichment Model	
4. TA Outcomes:	Individual Change	Organizational Change	
5. TA Staff Composition:	Process People	Content People	
6. Basis of Client Relationship:	Personal Rapport	Professional Expertise	
7. Client Participation:	Mandatory	Voluntary	
8. Client Contact:	Face-to-Face	Distant	
9. Organizational Setting:	Within SEA	Outside SEA	
10. TA Providers:	Central Staff	Outside Consultants	
11. Cost:	ee (TA Center pays)	Charge (Client pays)	
12. Funding Source:	Permanent	Temporary	
13. Amount of TA:	A Lot	A Little	
14. Amount of Impact on Client:	Minor Impact	Major Impact	
15. TA Focus:	EC/SE	All Special Education	
16. Client's view of role of TA:	Supportive	Regulatory	

STATEWIDE TECHNICAL ASSISTANCE AND INSERVICE TRAINING FOR PRESCHOOL PROGRAMS IN PENNSYLVANIA

by

Fred Davis

Introduction

Statewide technical assistance efforts must address both local and state level needs for service and for system change. Just as local preschool programs vary in staff needs, so do states vary in their requirements, capabilities, and commitments to technical assistance (TA). The TA system must be tailored to these realities at both the state and local levels.

Pennsylvania has a system of statewide and regional projects that provide human and material resources to special education programs operated by intermediate units (IUs) and local school districts, both of which operate as local education agencies (LEAs). CONNECT was organized in January of 1976 to provide coordination and support to all twenty-nine intermediate units, each of which operates a program for preschool children. This paper describes some aspects of CONNECT's organization, operation, and management. Outcomes of policy decisions made in Penn-

sylvania are presented in terms of their influence on the services provided by CONNECT. Benefits that are mentioned as helps contribute to the success of TA; hazards indicate either potential problems to be avoided or negative consequences that seem to be unavoidable outcomes of the approach.

Although similar decisions might bring different benefits or problems elsewhere, Pennsylvania's experience may help other states predict consequences as they plan TA systems.

Project Organization

Coordinating Preschool Programs with TA

Need. Planning for TA must be coordinated with planning for local preschool programs. This helps the local staff and the TA staff to see how their work is part of an organized statewide effort.

Approach. Pennsylvania's State Plan for Federal Programs and Services for Special Education is written in a process format that includes reference to TA (i.e., inservice training, consultation, and provision of material resources). Each of the seven process components of the plan are designed to serve programs for preschool children. The components are:

1. Public Awareness (outreach and public information)
2. Location and Identification (screening and referral)
3. Diagnosis and Evaluation (individual assessment)
4. Individualized Education Program (IEP) Planning and Revision
5. Programs and Services (IEP implementation)

6. Child/Service Tracking

7. Project Planning, Management, and Evaluation; and Progress Reporting

Local program (LEA) plans are described in a format that follows this seven-component state plan. This helps TA staff members identify similarities and differences among local programs while maintaining their perspective on statewide services.

CONNECT also assesses local needs in terms of the seven components of the IU plan. This clarifies relationships between TA and local program activities.

Helps.

- Differences and similarities among local preschool programs are readily apparent.
- TA services correspond with approved local (LEA) plans.
- The progress of both local programs and TA services can be summarized statewide.

Hazards.

- Local program staff may confuse the responsibilities of TA staff with the responsibilities of administrators and evaluators unless distinctions are made clear and are periodically reemphasized.

Funding Mechanisms

Need. TA must be organized so that funding and administration facilitate quick and effective action on various unanticipated local needs.

Approach. CONNECT, like other parts of Pennsylvania's resource network, is a project funded and administered through an intermediate unit rather than through the state education agency.

Helps.

- Through the LEA it is possible to recruit TA staff who have specialties (e.g., media, early childhood education, electronic data processing) that do not correspond with SEA civil service specifications for special education administrative staff.
- Local procedures that facilitate travel and other arrangements help the TA staff serve local programs and get supplies easily. LEA management also reduces the risk of interruption that SEA programs can suffer during times of legislative crisis.
- The support of the sponsoring IU increases the acceptance of TA services by other IUs; this is particularly important in the early stages of operation. IU sponsorship also emphasizes the necessary distinction between SEA administration/evaluation and the activities and responsibilities of the TA staff.

Hazards.

- Localized LEA policies on travel are not designed to serve the needs of staff members who must travel statewide on a regular basis. Where reimbursement limitations reflect low costs for travel and accommodations within the LEA, TA staff will be burdened with unreimbursed expenses when they must travel to high cost areas.
- If the LEA has a conservative pay scale, recruitment cannot depend on salary as an incentive. More importantly, project staff who are paid on a conservative scale can become unhappy

as they compare their income with those of higher paid colleagues who benefit from less conservative salary scales.

- If the TA project is seen as an extension of the state department, staff may find that they are considered SEA employees for some purposes and LEA employees for others. This can create confusion and resentment.

Staffing for TA

Need. Staff members must be able to function effectively as the needs of their clients change.

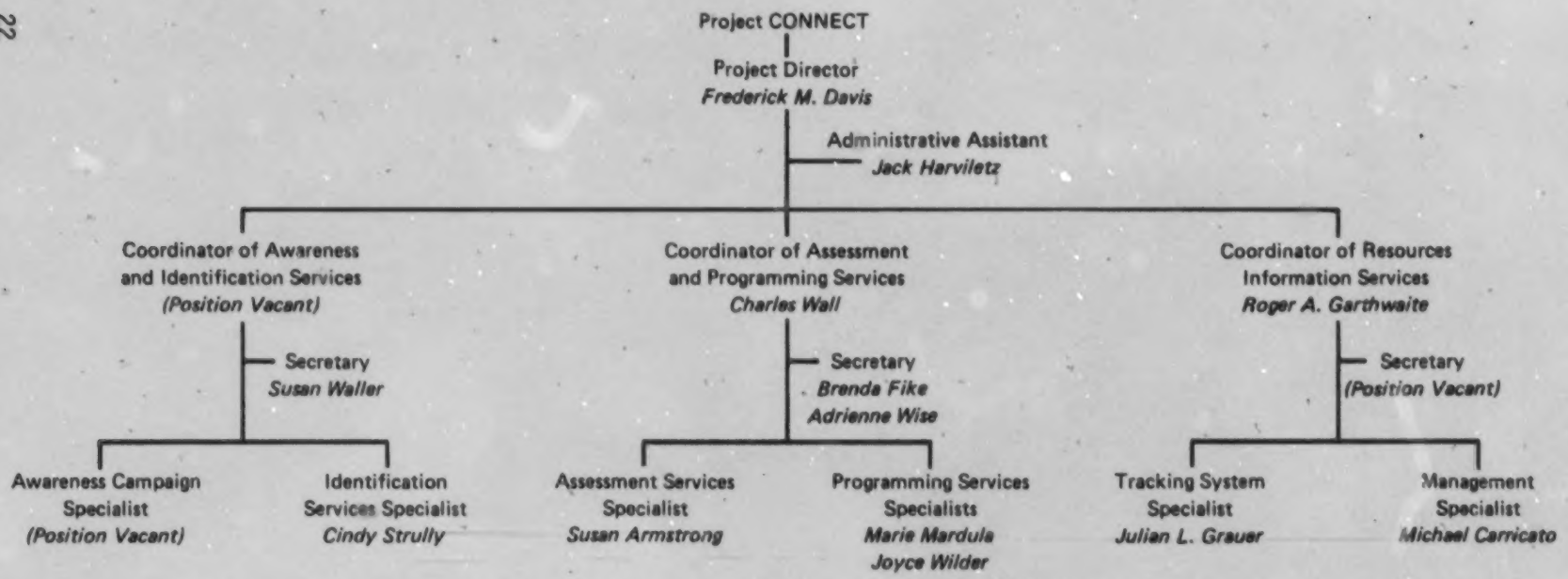
Approach. CONNECT has avoided dependence on consultants, who can do a good job locally but usually cannot contribute as effectively to statewide and inter-IU sharing and coordination. Instead, CONNECT has relied on full-time project staff to develop good ongoing interpersonal relationships and to thereby promote cooperation among the IUs. (See Figure 1.) Recruiting is directed toward finding TA staff members who are talented, enthusiastic, knowledgeable, energetic, and who seem onward-bound in their careers.

Helps.

- Career opportunities have produced a consistent, periodic turnover of CONNECT staff on about a two-year cycle. Staff replacement refreshes TA by bringing in staff with different perspectives and new enthusiasm. Staff who are good at project start up may quickly burn out and be less effective when TA reaches a maintenance phase; turnover can help everyone, TA staff and clients.

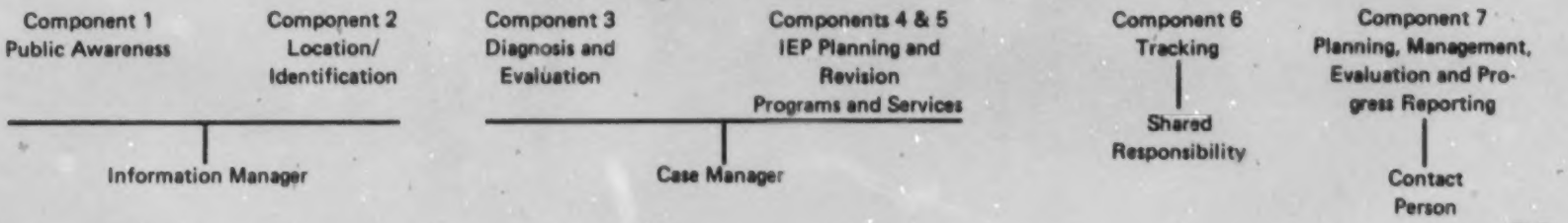
FIGURE 1

Statewide Technical Assistance



STATE PLAN

FEDERAL PROGRAMS AND SERVICES FOR SPECIAL EDUCATION



Intermediate Unit Implementation

- Because the work is interesting, challenging, and provides the opportunity for experience and exposure statewide, ambitious and well-qualified staff can be hired at low salaries.

Hazards.

- TA staff who commit themselves to a short tenure tend to be change agents, alert to improvements that are needed by children, parents, and teachers. Vocal advocacy for change can be misunderstood by administrators at all levels.
- Because good jobs must usually be snatched when offered, staff often have to quit with minimal notice. Until replacements can be recruited, TA can be hurt.

Clientele-Networking

Needs. The efforts of just a few TA staff must effectively reach many clients--teachers, aides, specialists--in many local programs. An intermediate system of key local educators can help organize service to local clients.

Approach. CONNECT staff work closely with the case managers, information managers, and "lead" preschool psychologists in each IU. These key IU staff members identify local needs, request and coordinate TA for the myriad local preschool programs (IU, Head Start, day care, etc.), receive and distribute CONNECT resource information packets, and participate in meetings for inter-IU experience sharing.

Helps.

- This statewide network of twenty-nine IU end points allows the TA staff to develop close, stable working relationships with local key staff.

- The system is also manageable from the perspective of teachers and other program staff, who can quickly learn where and when to get resources and help locally.

Hazards.

- The system of local intermediaries can make TA dependent on the key IU staff. When these staff do not pass on requests for help or do not put enough effort into informing local agencies about resources, the TA staff will have fewer invitations to provide inservice training, consultation, or materials and therefore will be less effective.
- In some cases TA invitations to sessions for inter-program experience sharing may not be passed on to preschool programs that are not operated directly by the IU (private, day care, Head Start, etc.). Key staff have reasons for what they do and fail to do; they are usually proud of their programs and often feel self-sufficient. When TA staff disagree and see the possibility of further improvement, raising the awareness of the prospective clients takes sensitivity, skill, and time. TA staff must be careful to balance client readiness with their commitment to quick progress; in such cases they will be tempted to bypass the key persons and go directly to the preschool program/service staff. Such a bypass would meet the immediate need but could hinder development of local leadership and coordination of effort.

Project Operation

Inservice

Need. Inservice training must reach clients at various levels (statewide, regional, and local). Statewide training can be mandated and attendance requested by the SEA. Regionally, it must be initiated and sold by the TA staff. TA staff must get themselves invited to provide local training and consultation.

Approach. Initially, CONNECT relied on statewide inservice sessions that were held twice a year for key staff, and local inservice sessions that were held when requested by key staff. However, travel and schedule restrictions kept teachers, psychologists, and others from attending the statewide sessions, and thereby cut them off from the chance to exchange ideas with people working outside the IU. This year, two series of inservice sessions were held on a three-region basis. These regional sessions enabled teachers and aides from Head Start, day care, and private school programs not only to attend, but to present their ideas along with their IU colleagues; such inter-agency/inter-IU sharing is very valuable to the local program staff.

CONNECT staff have found that invitations to provide local inservice sessions depend on active, continuous, assertive field presence. CONNECT schedules a minimum of four site visits to each IU each year. Because staff members have an assigned reason for each visit, which ranges from needs assessment to collecting data about IEP development, the visits do not depend on requests from IU staff. However, these scheduled visits do give the local program staff a chance to look over the TA staff; many inservice sessions are arranged during and shortly after the scheduled site visits. Similarly, quick responses to IU

requests pay off. CONNECT staff have a repertoire of inservice programs for preschool staff--IEP development, task analysis, curriculum adaptation, etc. It takes additional time to tailor inservice training to local needs--time for gathering and adapting materials to local program operations, curricular resources, and delivery systems. When training can be scheduled well in advance, the inservice program is adapted to local needs during planning sessions with the case manager. When advance scheduling and planning are not possible, CONNECT staff provide inservice training on short notice--even overnight, when cancellation by other presenters leaves local staff short handed. Such quick service fills an immediate need and builds good will, encouraging further requests for TA. Local program staff are encouraged and helped to present inservice sessions using TA staff participation and material resources, with emphasis on developing an appreciation of local staff capability to provide resources. When developing print products--whether guidelines for local staff, resources for parents, or whatever--TA staff distribute draft copies to local clients and use their suggestions. To maintain responsiveness to local programs, the CONNECT office remains open whenever any IU or the state department of education is in operation. This requires TA staff to take turns working while some of their colleagues enjoy scheduled holidays.

Helps.

- Local inservice activity can be specific to local program and staff needs. It can even be individualized--e.g., when programming consultation is provided for a particular child.
- Regional inservice activity permits inter-IU experience sharing among key staff who have travel restrictions (time and money).

- Statewide inservice activity permits a wider scope of sharing among key staff who can then instill ideas into local programs.

  This audience is also eager for and able to use highly specialized information about intensive and comprehensive programming.

Hazards.

- Local inservice activity depends on local initiative. Encouraging this requires assertive, responsive field presence which has its price: the travel load is great. CONNECT staff do much of their traveling on their own time without compensation in off-time or dollars. Travel fatigue, the strain of constantly juggling schedules, and time away from family are bound to take a toll in the health, outlook, and general well-being of TA staff.
- Regional inservice activity is hard to organize (different agenda, presenters, arrangements in each region), but it is more than worth the trouble. The value of regional grouping may not be immediately apparent to either the local or state level staff; it must be justified with results (client satisfaction).
- Statewide inservice activity reaches only key staff members and depends on their mediation for use in local preschool programs.
- Using local presenters at regional and statewide sessions may create jealousy in those who are not asked to make presentations. This decreases over time when TA staff members are careful to spread the invitations.

Dissemination

Need. Print material must be disseminated to local clients in a regular, dependable way that will update local program staff on current resources without distracting TA staff from their fieldwork.

Approach. CONNECT sends about ten information packets each year to case managers and information managers. Besides print items gathered by CONNECT staff, these packets also include local program information that is sent by local staff who use the packets as an easy way to share ideas without the effort and expense of mailing on their local budgets.

To inform other service providers about these resources, listings of packet contents are sent to IU special education directors and state level representatives of many local preschool programs not served by the IU (e.g., Association for Retarded Citizens, Department of Public Welfare, United Cerebral Palsy). Although CONNECT tries to provide single copies at the request of these state-level coordination agencies, TA staff members encourage local providers to get resources from their IU information managers and case managers.

Helps.

- The packets encourage inter-IU sharing and awareness.
- Local staff members can be directed to a consistent local information source.
- Administrative information from the SEA can be included in packets, often reaching the local staff more quickly than if it filters down through regular channels.

Hazards.

- Information and resources may stop with key staff or, when mail is misprocessed locally, may never even reach the in-

tended user. Where this occurs consistently, deviation from the standard dissemination procedure may be necessary.

Reprint

Need. CONNECT staff members spend a lot of time developing print materials for local staffs. Enough copies must be produced to meet the needs of the assigned clients. If wider use, beyond the target clientele, is indicated, it is desirable to facilitate general use and availability without exceeding the financial or manpower resources of the TA project.

Approach. To create awareness, major print products are submitted for listing in such bibliographic resources as ERIC. CONNECT has a policy of no copyright on such materials, and a statement encouraging users to reprint the material helps relieve the project of duplication and mailing costs. CONNECT uses the following statement in major print documents:

> *Reproduction of these materials is encouraged under the following conditions: (1) credit the source; (2) inform the author; and (3) do not sell the material for profit.*

Helps.

- Encouraging reprint increases dissemination to non-assigned clients at minimal cost, in time and dollars, to the TA project; a single sample copy can go a long way.

Hazards.

- TA staff can see their work used and misused by profiteers. This hurts staff morale.

Project Management

Formative Decision

Need. TA staff members who spend a lot of time on location in preschool programs need ways to plan and coordinate their efforts.

Approach. CONNECT staff members try to reserve each Monday for work in the office. This permits regularly scheduled meetings for progress reporting and planning. Meetings within work areas and among coordinators are held weekly, and all of the staff meet together bi-weekly.

Staff responsibilities and activities correspond directly to objectives in the state plan, as reflected in the table of organization that is attached (p. 22).

Helps.

- Management helps bring the staff together for planning.

Hazards.

- Even with this system, staff members cannot always be together on Mondays and other designated planning times because of field needs.

Progress Reporting

Need. Clients, SEA decision makers, the State Advisory Panel, and third-party evaluators need regular reports of progress. Because they place priority on direct service to children, these people are properly skeptical about the value of TA and must be kept aware of its benefits.

Approach. Written reports are objective referenced (a management by objectives system corresponding to the state plan), up-to-date (cumulative quarterly), and made easily available to key decision makers.

Supplementary verbal reports are provided regularly (monthly meeting of a policy committee) as well as at the request of LEA Directors of Special Education and other representatives of the TA clientele.

Helps.

- Regular progress reports give credibility and encourage support for the TA effort, and they reduce our vulnerability during competition for scarce funds.

Hazards.

- Providing information for decision makers always runs the risk that the priorities of administrators and evaluators may not coincide with the priorities of the TA staff and clients in the local programs. The risk is worth taking, considering the alternative.

NOTE: More information on this program may be obtained by writing to: Fred Davis, CONNECT, 236 Union Deposit Mall, Harrisburg, PA 17111.

CONSIDERATIONS FOR IMPLEMENTING TECHNICAL ASSISTANCE IN WASHINGTON'S PRESCHOOL PROGRAMS FOR THE HANDICAPPED

by

Wayne M. Spence

The State of Washington, as indicated by a recent statewide assessment of priorities for inservice training in special education, has recognized a need for ongoing technical assistance to ensure the competency of personnel and programs serving preschool handicapped children. At least four major needs have been identified. First, because of Public Law 94-142, special training for teachers serving this population is necessary. Second, the increasing need for multidisciplinary approaches to intervention necessitates a working knowledge of services offered by a number of disciplines as well as (third) skills in the coordination of intervention attempts by a number of specialty areas. Fourth, there is a continuing need for systematic inservice training of paraprofessionals who work in settings which serve the preschool handicapped child.

A guiding philosophy of our technical assistance is that it will be individualized according to the needs of local LEAs. The thrust of the technical assistance will be onsite inservice training based on our statewide needs survey of teachers of preschool handicapped children.

FIGURE 1

Needs Assessment Summary

Please check the appropriate box for each area.

Total = 114

	I need	I'm OK	I'm very competent	No response
I. ASSESSMENT				
a) Interpreting assessment data from other sources (psychology, speech and hearing, medicine, etc.) in terms of educational relevancy.	35	58	19	2
b) Developing educational assessment procedures.	24	66	20	4
c) Conducting educational assessment.	15	59	27	13
II. INDIVIDUALIZING INSTRUCTION				
a) Individualized Educational Plan format.	33	36	14	31
b) Identifying priority areas (goals).	16	60	35	4
c) Writing objectives.	13	61	47	3
d) Instructional sequencing (Task Analysis).	21	56	30	7
e) Choosing instructional materials.	10	59	33	12
f) Choosing instructional activities (cueing, prompting, imitation, etc.).	16	60	35	3
g) Developing ongoing assessment procedures for individual programs (data collection).	26	57	27	4
h) Selection of appropriate feedback for correct and incorrect responses.	17	67	27	3
III. CURRICULA AREAS				
a) Gross Motor.	20	63	28	3
b) Communication.	18	56	37	3
c) Preacademic (cognitive).	13	54	44	3
d) Social.	8	57	46	3
e) Self help.	10	61	41	2
IV. LEAST RESTRICTIVE EDUCATIONAL OPPORTUNITY				
a) Integration with nonhandicapped peers.	26	62	19	7
b) Working with regular education teachers.	16	62	25	11
V. SPECIAL PROBLEMS				
a) Physical involvement (positioning).	43	55	13	3
b) Special medical problems (frail children, seizures, medication).	40	58	16	0
c) Severe behavioral problems.	53	48	12	1
VI. TEAMWORK				
a) Management of noncertified staff.	16	63	34	1
b) Interdisciplinary teamwork.	9	68	36	1
VII. PARENT INVOLVEMENT				
a) Communicating with parents.	9	80	44	1
b) Parent advisory boards.	25	52	21	18
c) Parent training.	43	45	21	5
d) In-home programs.	43	45	19	7
e) Parent activist groups.	30	55	12	17
VIII. COMMUNITY RESOURCES				
a) Knowledge of available community resources.	40	52	21	1
b) Using available community resources.	42	45	25	2
c) Developing community resources.	59	36	14	5
IX. LEGAL ISSUES				
a) P.L. 94-142.	62	33	5	14
b) Teacher responsibilities.	20	72	19	3
c) Due Process.	46	50	12	6
d) Parent rights.	40	52	19	3
e) Confidentiality.	11	71	29	3

X. List any other specific training needs you might have or other concerns regarding the direction of Early Childhood Special Education in Washington State.

(Refer to Figure 1 for summary of needs.) This paper reviews our technical assistance program's major objectives and covers a number of issues that we addressed when designing the program.

The OSPI* Technical Assistance Game Plan

The State of Washington is accepting the challenge of early detection and early remediation at all levels of involvement. The state education agency, educational service districts, local education agencies, and colleges and universities are combining their efforts to develop a truly significant program for the 0-6 handicapped population.

Much work remains in preparing personnel capable of dealing with the wide range of needs presented by these children, and funding requests to the legislature will remain a high priority issue. Most of the professionals involved in special education are thoroughly convinced of the need to pursue this worthy goal and to provide the full range of services which are needed. To help in the preparation of our teaching personnel, we established a technical assistance plan. See Figure 2 for an outline of our program.

*Office of the Superintendent of Public Instruction.

FIGURE 2

Program Plan Outline for TA

OBJECTIVE	ACTION PLAN	EVALUATION
1. To establish regional centers responsible for the coordination of technical assistance in specified geographical areas.	Regional technical assistance centers with designated coordinators will be established.	By September 1, 1977, the coordinators of each of the technical assistance centers will have established a working organization and plan for implementation of services.
2. To relate technical assistance efforts to the specific needs of LEAs.	Coordinators of technical assistance centers will be provided specific regional data from a training needs assessment of preschool programs conducted by the Washington Department of Public Instruction in April, 1977.	By June 1, 1977, each coordinator will be provided data available from needs assessments.
	Regional data from needs assessment will be summarized by technical assistance centers, and LEAs will be contacted to determine whether specified needs correspond with current needs.	By October 15, 1977, coordinators will have determined the value and scope of technical assistance services required in their regions.
3. To provide technical assistance to preschool programs.	Coordinator of technical assistance centers will prioritize service needs and be responsible for matching available resources to meet service needs.	Performance will be evaluated according to individual accomplishment via certain objectives.
4. To establish a statewide committee to coordinate effects of regional technical assistance centers.	A statewide committee comprised of coordinators of each of the regional centers will be established. Coordinator of committee activities will be Wayne Spence, State Supervisor of Special Services.	Quarterly reports will be prepared by committee.

General Issues for TA Planning

As we in Washington began to conceptualize our program, we re-examined a number of key issues surrounding technical assistance. We reviewed the literature, tapped our experience, and went about the business of systematically answering these questions:

1. Are technical assistance systems in special education really necessary?

   We know that there is a time lag between the generation and application of knowledge and that technical assistance can speed program development by years, thus overcoming the dilemma of the state government which funds needy projects in geographical areas where expertise is minimal.

2. Should the support system be outside the state government?

   Yes, it should, for two reasons: (1) it may be difficult for the government to act effectively as a helper and an evaluator, and (2) the instability of government offices makes it difficult to provide consistent help. We believe if technical assistance agencies are to be effective, they must gain the trust of their clients, and trust is difficult to engender with an agency having an evaluative or monitoring function.

3. How can support systems function vigorously and accountably?

   They should be identified with some national movement to guard against isolationist activities or special favors, and they should work to phase themselves out over time in favor of strengthening more permanent structures which already exist. The single-consultant-system role of a TA system is, in the long run, a stopgap measure at best. We believe that the most

effective way to deliver TA is to begin by building a strong staff, developing good client-provider relationships, and developing long-term commitments. These initial activities should be followed by building existing regional or community support systems, and slowly decentralizing the TA efforts.

4. Who sets the agenda for a support system, and what is a proper agenda?

Basically, the agenda is established in three ways: (1) from the enabling legislation, (2) from the agency authorized to enact the legislation, i.e., state government, and (3) from the nature of the client-provider relationship in meeting the needs of the client.

5. How structured should technical assistance systems be?

TA systems should be structured to maintain the most flexible and effective interventions. Relying on a single TA model (e.g., workshops, dissemination-awareness, and so forth), is not particularly fruitful. A multidimensional approach to TA should include field-centered training, course work, workshops, dissemination, etc., so that projects can better meet their stated objectives. The competency continuum of "awareness-understanding-application" will govern our TA activities.

6. How should technical assistance agencies be coordinated?

The state department should centrally coordinate regional agencies. However, each region should be independent in the sense that it responds to individual needs.

7. What about evaluation?

Typically, the results of TA are determined by evaluating the nature and extent of the new knowledge imparted to partic-

ipants. However, we believe that this is only the first of four sequential, hierarchical levels. Beyond (1) the imparting of new knowledge, the TA program should consider: (2) the application of that knowledge by the project in its own setting, (3) observable changes in the methods that the project employs, and (4) achievement of all project objectives.

Ideally, it would be possible to measure the success of the project and the results of TA by child performance. Unfortunately, service agencies (and TA agencies in particular) do not maintain controls which guarantee appropriate application of TA that has been provided. Hence, a TA project relies on knowledge, application, and setting changes as the primary means of measuring effectiveness; when child-change data is appropriately available, it is used as well.

8. What should be the financial base for state support systems?

The initial development of statewide support systems should be federally funded through the SEA. However, expect clients who have had a satisfactory involvement with relevant TA systems to have a partial funding base which would permit them to acquire some TA services. This partial funding for the purchase of technical assistance could be based on a number of different financial sources.

9. What about the client-provider relationship?

The needs, goals, and design of an effective TA effort must result in a cooperative relationship between client and provider. A good client-provider relationship fosters accurate needs and strengths assessments as well as a consistent and coordinated approach to the acceptance and delivery of TA.

Ultimately, our project tried to incorporate a number of the elements examined through these nine questions into our system design.

Implementing the OSPI Technical Assistance Program

We translated these general issues into some workable guidelines. Here are some highlights:

1. Who are our clients for support services?

   They are any early childhood programs in the state who also: share resources; develop services where none exist; and eventually, through program expansion, reach a large service base of preschool handicapped children and families.

2. How do we determine the TA needs of our clients?

   We intend to conduct strength assessments so that we will have a better idea of the capabilities of our clients. Then, we can select certain projects as resources for delivering TA. Finally, we will conduct needs assessments.

3. How will we involve each client actively in the TA process?

   We expect each project to cooperate with our efforts in order to maximize the impact of services. Their responsibilities will be listed before they receive TA. We believe that this collaborative approach will result in a better working relationship between both of us, and it should encourage projects to meet their objectives in an efficient and timely manner.

4. How will we be organized?

This project will employ a centralized-decentralized approach to service delivery. That is, we will utilize a regional core staff to perform most needs and strength assessments and to deliver technical assistance. In this sense, the project is centralized; we will utilize core staff as opposed to developing a pool of consultants.

In the sense that our role will change to that of a broker or coordinating agency as time goes by, we will become eventually decentralized. Our regional staff will identify those local and state support systems which could be supported or trained to take over TA delivery in a region or area (e.g., satellite TA centers). We will also attempt to match those projects in the outreach phase which have particular capabilities with other projects in need of assistance.

5. What about the continuity of service delivery?

Staff members who perform the needs and strengths assessments will also deliver the technical assistance whenever possible. Also, if feasible, regional staff will be assigned to projects on a state basis; this should facilitate a better client-provider relationship.

6. A variety of technical assistance systems will be offered to projects.

The OSPI system will offer a wide variety of technical assistance delivery systems in order to provide a meaningful support system. The diversity of clients with regard to number and types of children served, age ranges, delivery base, geographic area, etc., will demand a variety of TA

approaches. At the same time, the projects have much in common: the need for data-based decisions; planning strategies; curriculum development; and measurable objectives.

7. What about using consultants?

As suggested earlier, consultants will be used for "highly specialized" assignments or when variant philosophical or theoretical approaches to early childhood special education exist. The regional staff believe, based on years of providing TA, that extensive use of consultants as the primary TA providers yields untoward results such as limited commitment to the project, episodic involvement, poor quality-control mechanisms, and disjointed efforts. Therefore, the core staff will provide the preponderance of TA delivery.

8. What about follow-up?

Oftentimes it is difficult for an educator to return home and properly apply all that was learned at a workshop or conference. We recognize this difficulty, and we propose to facilitate the proper application of workshop information by offering follow-up for all training or TA activities that are not field-centered.

9. What about disseminable materials?

All products developed under the aegis of this project will be: (1) based on need, (2) field-tested, (3) reviewed by all staff members and the policy board, and (4) accompanied by field-centered training.

10. What about accountability or evaluation?

Our technical assistance efforts will be directed primarily toward providing services to professionals. Because

this is the case, our evaluation will concentrate on determining: (a) the extent to which projects we assist meet (or can reasonably be expected to meet) their stated objectives, (b) the extent to which we meet our project objectives, and (c) client satisfaction.

Regardless of program philosophy, types of handicapped children being served, or geographic location, the basis for accountability of all projects is basic child performance data. Our TA will insure that every project has developed procedures to document changes in child behavior. Although this is most easily accomplished by having behaviorally stated objectives for each child, a daily or frequent data collection procedure, and techniques for analyzing frequent data, regional staff will not attempt to impose a standard data collection procedure on any project. Rather, an attempt will be made to aid each project in the development of a data system which is compatible with their program philosophy and provides the information needed to document child behavior change.

We look forward to implementing this system and collecting information about its effectiveness.

THE INDIANA PRESCHOOL TECHNICAL ASSISTANCE SYSTEM

by

Pamela Peterson and Ronald Schepp

Overview

Indiana's State Plan for early education of the state's handicapped children (P.L. 94-142) sets forth the goal of establishing and implementing in Indiana a comprehensive service delivery system to meet appropriately the educational needs of children with handicaps from birth to eight years. Interagency planning efforts in this area are in progress, and there is widespread interest in early intervention.

Although the lack of mandatory prekindergarten legislation within the state imposes sizeable constraints upon the development of early childhood programs, it simultaneously provides time for detailed and coordinated planning efforts to occur. In order to encourage change at the local level which will help in complying with the provisions of the State Plan, a technical assistance (TA) system has been developed. This system provides appropriate TA to local special education directors and related professional personnel in the area of early education for handi-

FIGURE 1

Objectives for Indiana's Technical Assistance Project

MAJOR OBJECTIVE

To design, coordinate, and implement a statewide system to provide appropriate technical assistance to local special education directors and related professional personnel in the areas of preschool and early education for the handicapped.

SUBOBJECTIVE

To design a statewide system for technical assistance.

ENABLING OBJECTIVES

EO_1: To identify the individual needs of LEA special education directors as related to planning programs and implementation of the Indiana State Plan.

EO_2: To design appropriate instrumentation to achieve prioritized identification of needs.

EO_3: To determine location, availability, cost, and feasibility of resources through a search for resources (consultant/materials).

EO_4: To identify and access maximum consultative material resources to meet stated needs of LEA personnel.

SUBOBJECTIVE

To coordinate and implement the technical assistance system to LEA personnel.

ENABLING OBJECTIVES

EO_1: To institute ongoing information dissemination of the objectives and services available from the project to local education agencies.

EO_2: To design appropriate instrumentation and forms.

EO_3: To institute a data bank of resource persons and materials.

EO_4: To implement a data system to match identified needs with available resources.

SUBOBJECTIVE

To evaluate the effectiveness of the technical assistance services and system.

ENABLING OBJECTIVES

EO_1: To implement an evaluation system of consumer satisfaction for services provided by consultants and/or materials provided through this project.

EO_2: To provide continuing follow-up consultation to LEA personnel.

EO_3: To implement procedures to evaluate effectiveness of the system as evidenced by change levels in LEA personnel and/or services provided.

capped children. The system is intended to enable a smooth transition to early childhood programming within public schools (see Figure 1).

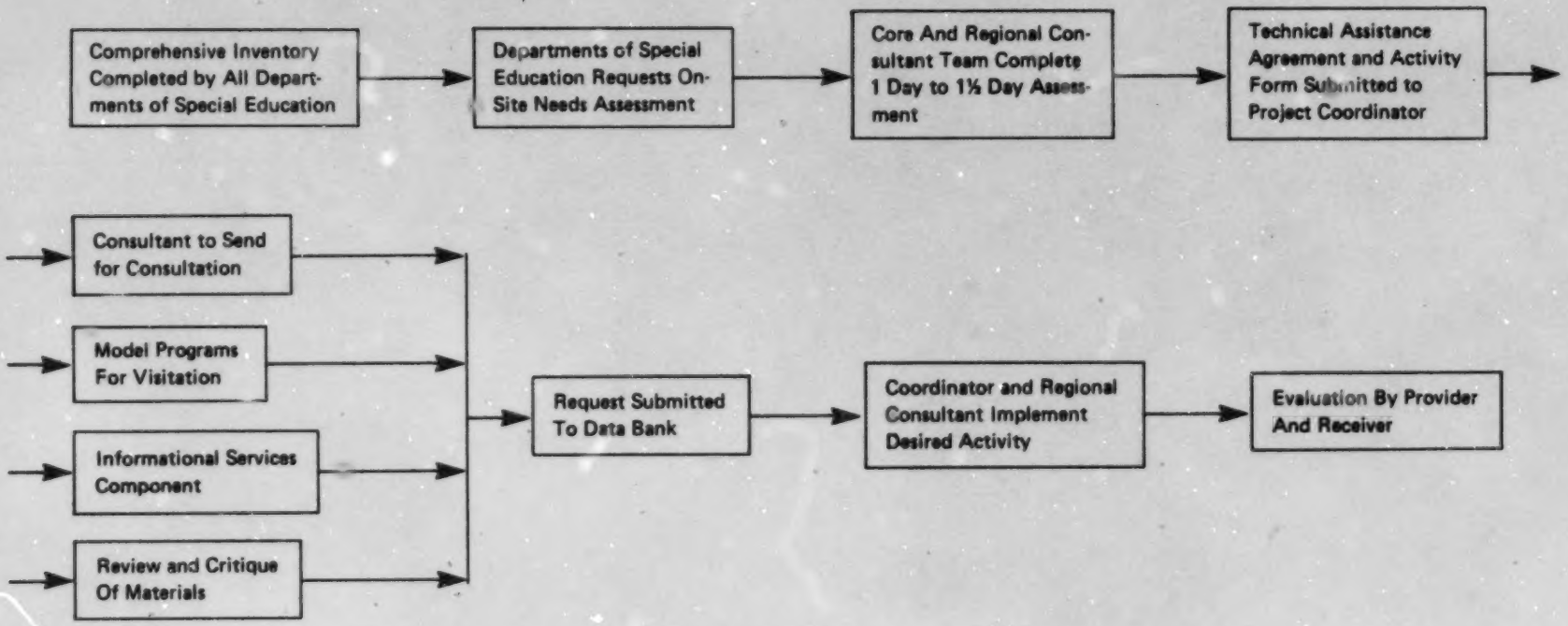
The process begins with local education agencies (LEA's) identifying and prioritizing needs for TA through individual on-site planning sessions. Attention may be given to planning and/or implementing programs for handicapped children, aged three, four, or five years. It is anticipated that a variety of needs, representing different levels of program development, will be identified through the needs assessment. In the case of a local district without programs for very young handicapped children, the needs may be of an administrative or planning nature. On the other hand, in areas with existing prekindergarten programs, requests for assistance would likely be more related to programmatic needs.

The Process

The model in use is derived from basic problem-solving and discrepancy models of change and training. It holds the intended benefits to the user above the internal structure and process of change. Logic indicates that if a system is too sophisticated, it cannot or will not be utilized by the potential consumer; if it is too simple, it will lack validity and reliability. Therefore, it is deemed that the most efficacious model is one which provides services with follow-along monitoring, accesses the greatest number of resources available, and reduces turn-around time from the point when a request for assistance is made to actual delivery. Additionally, the system is intended to be flexible, modifiable, and based on user needs (see Figure 2).

FIGURE 2

Flow Chart of Project*


Comprehensive Inventory Completed by All Departments of Special Education
Departments of Special Education Requests On-Site Needs Assessment
Core And Regional Consultant Team Complete 1 Day to 1½ Day Assessment
Technical Assistance Agreement and Activity Form Submitted to Project Coordinator
Consultant to Send for Consultation
Model Programs For Visitation
Informational Services Component
Review and Critique Of Materials
Request Submitted To Data Bank
Coordinator and Regional Consultant Implement Desired Activity
Evaluation By Provider And Receiver

* Forms used in various stages of this process are available by writing to: Ms. Pamela Peterson, Division of Special Education, State Department of Education, Room 229 State House, Indianapolis, IN 46204.

The first activity in the process is the completion of an inventory which surveys existing public school programs for kindergarten-age and prekindergarten-age handicapped children. The purpose of the inventory is to provide background information to the needs assessors prior to their first contact with a given planning district.

Informational brochures have been disseminated to Indiana's special education directors along with a form which could be returned to request a needs assessment. The needs assessment instrument which was developed addresses four content areas: services to children; services to families; program planning and evaluation; and administration. Within each area, phases of program development are assessed. A program is considered to be in an initial phase of development if it is beginning to gather information and conceptualize what it wants to do. A program in the planning phase is developing a definite plan with specific objectives. The implementation phase is represented by a program conducting activities in accordance with its plan.

The needs assessors are four core consultants who have expertise in special education, early childhood education, and preschool assessment. These core consultants are assisted by regional consultants who are division of special education staff members with specific geographic responsibilities throughout the state.

The needs assessment takes place during a one-and-a-half day on-site visit. At the close of the visit, a TA agreement is developed jointly by the director of special education and the core consultant. This agreement is written for the purposes of clarifying the assistance which will follow and for showing commitment on the parts of both TA provider and recipient.

Technical assistance may take a variety of forms. It may consist of the provision of direct consultative services to an LEA director or his* staff, or it may involve sending the LEA staff to visit another program. A third type of assistance is the provision of information such as bibliographies, descriptions of program models, or assessment instruments. The fourth form of TA which can be provided is a review and critique service for plans and documents being drafted.

The computerized data bank houses both human and material resources which are available in Indiana. Those resources have been identified by two half-time field liaisons, one located in the northern half of the state, and the other located in the southern half. A computer programmer receives and stores the data and then accesses it for the TA coordinator as needs are identified.

Evaluation of each step in the process is crucial to the ongoing effectiveness of the delivery system. Thus, procedures and forms have been developed to solicit satisfaction levels from both parties involved following each needs assessment and each provision of TA.

This entire TA process is managed by an efficient staffing pattern. See Figure 3 for the management design.

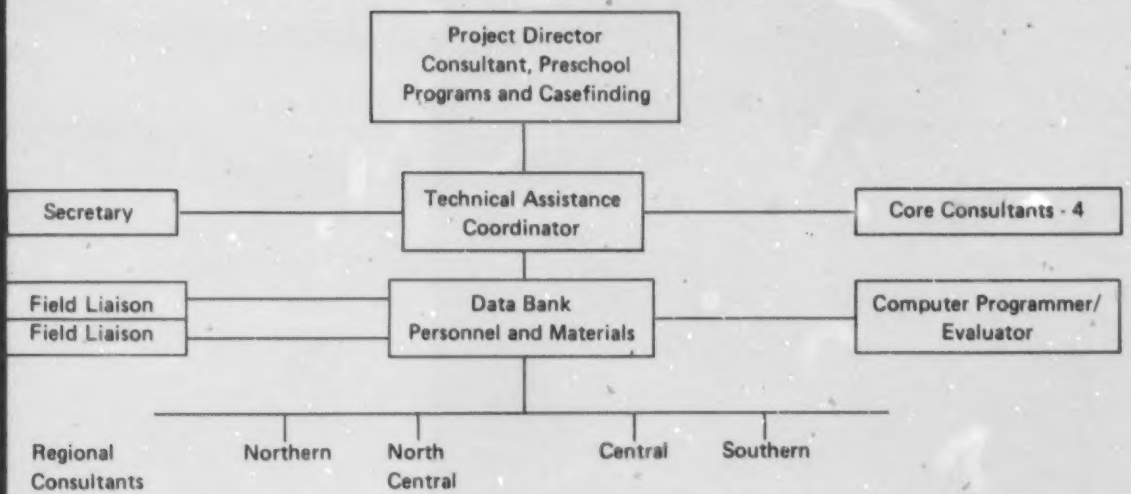
Conclusion

Indiana has chosen to develop and implement a technical assistance system which serves to ease the transition of kindergarten- and prekin-

*Masculine pronoun is used generically.

FIGURE 3

Administrative Organizational Schema



dergarten-age children from community agencies to public school programs. Emphasis is placed on providing supportive services which can help a local school district, rather than operating as a monitoring agent. The approach also stresses enrichment of programs rather than alleviation of program deficits.

Section 2
Consortium Development Issues

This section of Points of View is concerned with ideas for developing early childhood consortium programs within states. Most frequently, these federations or alliances are composed of personnel and/or organizations which relate to or deal with young handicapped children and their families. To help the reader think about his/her own situation and how HCEEP demonstration and outreach projects may relate to state departments through consortium efforts, a planning guide is portrayed in Figure 1.

Two contributions which deal with consortium issues are contained in this section. "Consortium Building: Implications for States and Demonstration Projects," by Don Keeney and Jack Hailey, describes the background, rationale, and membership of an HCEEP consortium as well as presents an overview of the California Consortium. "The Virginia Association of First Chance Projects," by Mary Jo Bunce, reviews the purposes and strategies of the Virginia Association of First Chance Projects.

FIGURE 1

Planning Considerations for Developing a Statewide EC/SE Consortium

CONSORTIUM ISSUES		YOUR APPROACH
1. Goal:	Information Sharing ◄——► Program Development	_____
2. Membership:	Select ◄——► Open	_____
3. Funding Source:	Self ◄——► State	_____
4. Staffing:	None ◄——► Full-time	_____
5. Meeting Frequency:	A Lot ◄——► A Little	_____
6. Products:	None ◄——► A Lot	_____
7. Relationship to:		_____
a. LEAs		
b. Head Start, Day Care, Private Nurseries		
c. SEA		
d. Other State Agencies		
e. Other Consortia		
f. Training Institutions		
8. Types of Services:		_____
a. Advocacy including legislation		
b. Coordination		
c. Training		
d. Demonstration sites		
e. No service but maintain communication/liaison		
f. Other _____		
9. Influence of Consortium on State Program:		
a. Preservice Training:	Minor Impact ◄——► Major Impact	_____
b. Inservice Training:	Minor Impact ◄——► Major Impact	_____
c. Public Awareness:	Minor Impact ◄——► Major Impact	_____
d. Demonstration Centers:	Minor Impact ◄——► Major Impact	_____
e. Administration/Management:	Minor Impact ◄——► Major Impact	_____
f. Legislation:	Minor Impact ◄——► Major Impact	_____
g. SEA Relationships with LEAs:	Minor Impact ◄——► Major Impact	_____
h. Interagency Cooperation:	Minor Impact ◄——► Major Impact	_____
i. Technical Assistance:	Minor Impact ◄——► Major Impact	_____
j. Child Find:	Minor Impact ◄——► Major Impact	_____
k. Curriculum Selection/Development:	Minor Impact ◄——► Major Impact	_____

CONSORTIUM BUILDING: IMPLICATIONS FOR STATES AND DEMONSTRATION PROJECTS

by

Don Keeney and Jack Hailey

Background and Rationale

Within California, New Jersey, Pennsylvania, Arkansas, and New York, a loose-knit group of state education agency (SEA) people and key people from exemplary public and private programs for young handicapped children have formed a "Consortium." These people have become an authoritative voice for quality early special education programs, new legislation, regulations which promote good early intervention, and the thorough and well-coordinated use of support resources.

There are several reasons why you may want to establish a consortium within your state.

1. A consortium can offer programmatic (and ideological) support to an SEA person who is frequently alone within the department and most often thought of as a "maverick."
2. A consortium can provide outside support to this person by taking key issues to SEA superiors, to the legislature, or to

others whom it is difficult for an SEA person to approach directly. A consortium offers leverage.

3. If an SEA person is overworked, a consortium can assist in the planning of workshops, inservice training, and proposals.
4. A consortium can sometimes get printing, reimbursement or mailing done more quickly than an SEA. Consortia can bring efficiency.
5. A consortium can be the technical assistance wing of an SEA/LEA (local education agency) team. This is analogous to TADS/WESTAR (Technical Assistance Development System/Western States Technical Assistance Resource) serving as technical assistance agencies to the BEH/HCEEP (Bureau of Education for the Handicapped/Handicapped Children's Early Education Program) team.
6. Last of all, a consortium can be the authority which complements the power of the SEA. If an SEA lacks a staff member with a strong background and education in early childhood, a consortium can provide the knowledge, understanding, wisdom and counsel the SEA will need to assist LEA's in developing and coordinating new programs and assisting in or providing staff development experiences.

Membership

The five Consortia mentioned at the beginning of this paper have HCEEP projects and the SEA as the principal members. Typically, an HCEEP Consortium gives a common ground to members, be they public or private agents, in that they share: an appreciation for philosophical

consistency within a program; and a commitment to model building, to parent participation, to family orientation, and to comprehensive programming.

In some states, there are very few HCEEP projects. Members from other sectors would need to be solicited in these states. In forming a consortium, the key question for memberships is "What are the goals of the consortium?" The goals of the group should suggest the people who may be invited to join.

From the list of reasons to have a consortium, one can see our biases: we see consortia as groups of knowledgeable advocates of high-quality programs for young children. For us, then, membership should include people who know about young exceptional children and their families.

1. Invite people from exemplary programs--programs for both exceptional and nonhandicapped children.
2. Invite people from a range of agencies and geographic areas.
3. Look for similar committees or task forces--such as those organized to promote efficient interagency contact--and have these groups nominate members of the consortium.
4. In some instances, a regional consortium can address specific issues with more authority than can a statewide consortium. In these cases, HCEEP projects can probably become the backbone of the consortium. It should also include the Resource Access Project (RAP) which serves as a broker of TA to Head Start programs on a regional basis. (Regional = several states.)

Activities

From the following list of possible activities for consortia, one can see that the goals of such organizations can include advocacy, information sharing, product development, and technical assistance.

1. Through sharing information and materials, consortium members can improve their own programs.

*2. A consortium can provide one authoritative voice on legislation, regulations, grant applications, and sometimes, on SEA use of funds such as those generated by the preschool child count (section 619 of 94-142).

3. A consortium can push an SEA to recognize the importance and possibilities of early intervention with exceptional children.

4. A consortium can work on interagency communication and cooperation including joint efforts to define handicapping conditions, service jurisdictions, funding responsibilities, etc.

5. Consortia personnel can write and distribute position papers, coordinate conferences and conference presentations, and write guidelines for programs for young exceptional children.

6. A consortium can be a wedge for extending infant programs.

7. A consortium can provide technical assistance to new and continuing local early education programs.

8. A consortium can set up a network of model, demonstration programs; they can describe the network in a brochure or booklet; they can provide training to local education agency teams who select particular network sites to visit.

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*The most important item for the California Consortium

History of the California Consortium

California's Consortium includes current HCEEP project directors, the SEA, BEH, WESTAR, and past HCEEP project directors. (Refer to Figure 1.) Its meetings have also, at various times, included CEC/DEC, NAEYC,** and other group representation.

Since the formation of our consortium in 1975, the SEA has been the principal target of our work. We have urged them to appoint a person within their ranks to articulate the needs of young children. We have assisted them in developing guidelines for programs for young exceptional children and in developing a plan for dispensing State Incentive Grant money. We have given our State Special Education Commission continuous advice on proposed regulations, and cosponsored regional inservice workshops to teachers in new (VI-B type) early education programs. Our consortium has also been instrumental in supporting some of the interagency contact between our SEA's Office of Special Education and our SEA's Office of Child Development (which monitors day care and compensatory preschool programs).

Consortium efforts have resulted in: (1) the appointment within our state department of three early childhood/special education staff members, (2) discretionary use of State Incentive Grant funds to assist LEA's in developing comprehensive programs, and (3) the drafting of guidelines for early education programs.

** CEC/DEC = Council for Exceptional Children/Division for Early Childhood

NAEYC = National Association for the Education of Young Children

FIGURE1

The California First Chance Consortium
For
Handicapped Children's Early Education Programs
Title VI-C Projects

Thirteen public and private agencies have joined together to form the California "First Chance" Consortium in an effort to create greater advocacy and a larger voice in statewide planning for development of effective programs for handicapped infant and preschool children. With the current growth of early special education programs in both public and private settings, improved communication concerning existing problems and practices and a banding together to solve them are critical.

"Recent court decisions and resulting laws show an awareness among the states of the fact that a handicapped child has a 'right' to education, and states are beginning to realize the importance of finding and working with handicapped children as early as possible," according to Edwin W. Martin, Acting Deputy Commissioner of the Bureau of Education for the Handicapped (BEH).

In 1970, P.L. 91-230, Part C, Section 623 authorized preschool programs for the handicapped. The law states:

> "Such programs shall include activities and services for preschool handicapped designed to (1) facilitate intellectual, emotional, physical, mental, social, and language development; (2) encourage participation of parents in the development and operation of any such program; and (3) acquaint the community to be served by the program with the problems and potentialities of such children."

These programs have been growing in number since the law's inception. During FY 1975, HEW's Bureau of Education for the Handicapped (BEH) provided 13.3 million dollars for the Handicapped Children's Early Education Program (HCEEP). These funds were to encourage the development of additional services for preschool handicapped children, and the result has been 152 early childhood classroom demonstration and outreach projects nationwide.

DEMONSTRATION PROJECTS

Among the 12 HEW-BEH grants awarded to California are projects which demonstrate various approaches to working with children from birth to six years of age who possess mixed, moderate to severe handicaps. One important goal to which most demonstration projects strive is successful integration of their children into regular nursery or school programs at an appropriate, later time.

Equally as important are the benefits for the family in helping them to understand and adjust to the problems and needs of their exceptional child and to participate in many ways in the child's education. By including the families in the program a vital part of the comprehensive nature of each demonstration project is achieved.

The California Consortium has seven projects in the Demonstration phase for 77-78. (See Consortium listings marked "D".)

OUTREACH PROJECTS

HCEEP continues its support for projects in the Outreach (dissemination) phase. Outreach Projects are those which have completed a three-year demonstration period, have obtained support from other sources to continue the direct services to children and families, and are working with other agencies to assist and enable them to replicate services based on the models developed during the demonstration phase.

The California Consortium currently has four Outreach Projects funded under HEW/BEH: Los Angeles Unified, Dubnoff Center, San Diego State, and Circle Preschool. (See Consortium listings marked "O". Past Projects which no longer receive HEW/BEH funding but are continuing advocacy and direct service activities are also included. See listings marked "X".)

CONSORTIUM PURPOSE

The Consortium retained a consultant within the California State Department of Education to serve as a liaison within the Office of Special Education. The Early Childhood Education Unit and the Office of Child Development are to be developed as close allies by the state consultant and close communication linkage will also be established with other state level operations and programs for preschool handicapped.

Ultimately, the Consortium envisions statewide, appropriate, comprehensive programs for all handicapped individuals between birth and six years of age.

Closing Remarks

In putting a statewide or regional consortium together, you may want to contact any of the three of us who participated in the Denver conference (Jo Bunce, Don Keeney, Jack Hailey) or: Donald Klein, 35 N. Beaver Street, York, PA 17401, (717-846-2504); Jim Marillo, Office for Education of Children with Handicapping Conditions, State Department of Education, 55 Elk Street, Albany, NY 12234, (518-474-5548); Louise Phillips, Magnolia School District #14, P.O. Box 649, Magnolia, AR 71753, (501-234-4933). Each of us works closely with a consortium of HCEEP projects.

THE VIRGINIA ASSOCIATION OF FIRST CHANCE PROJECTS

by

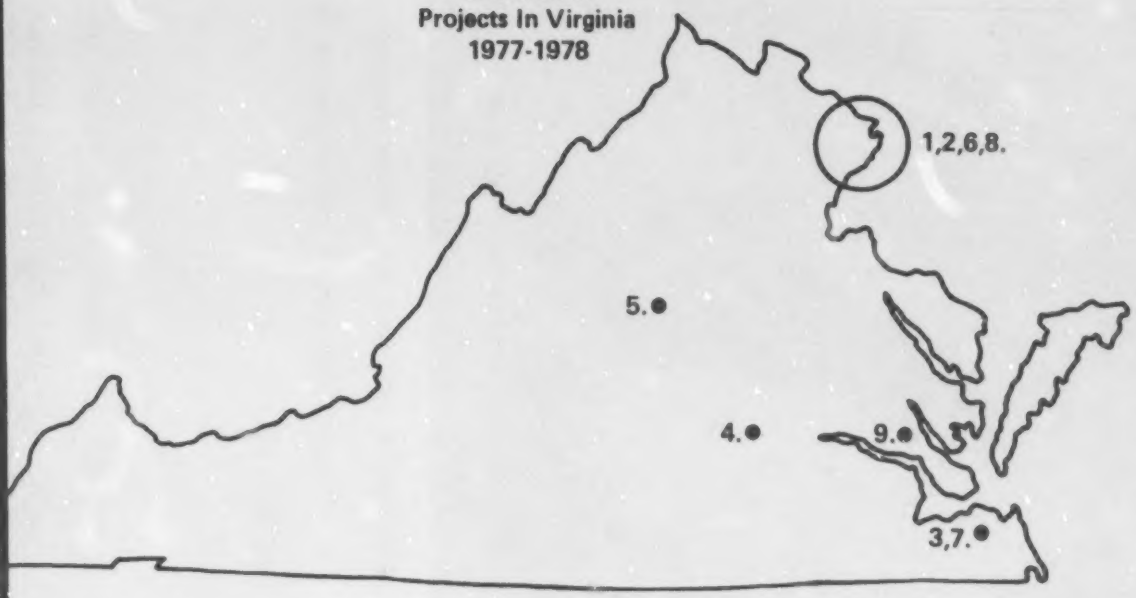
Mary Jo Bunce

Virginia's efforts at consortia building in early childhood special education have been founded on a group of projects known as the Virginia Association of First Chance Projects. The association is composed of the Virginia projects that are funded by the United States Office of Education (Bureau of Education for the Handicapped, Handicapped Children's Early Education Program (P.L. 93-380, Title VI, Part C)) as demonstration programs for handicapped children from birth through eight years of age. (See Figure 1.) The projects were first organized in the spring of 1976 for the purposes of:

NOTE: The Virginia Association of First Chance Projects Service Directory (1977-78) contains project descriptions and information on materials, staff training, assessment scales, and observation opportunities in the Virginia projects. It is available from: Ms. Jo Bunce, Division of Special Education, State Department of Education, Box 6Z, Richmond, VA 23216.

FIGURE 1

Location of Projects In Virginia 1977-1978



1. *Alexandria:*
   Resurrection Preschool Parent Cooperative Outreach Program
2. *Arlington:*
   Northern Virginia Parent-Infant Education Project
3. *Chesapeake:*
   Chesapeake Home Intervention Clinical School Program
4. *Chesterfield:*
   Early Intervention Program for Exceptional Children
5. *Charlottesville:*
   EMI-Impact
6. *Fairfax:*
   Non-Categorical Early Childhood Program
7. *Norfolk:*
   Norfolk Early Education for Handicapped Children Model Project
8. *Springfield:*
   School for Contemporary Education Preschool Project, Outreach
9. *Williamsburg:*
   Child Development Resources

1. offering to the State Department of Education the resources of the First Chance Projects in Virginia, collectively and as individual projects;
2. determining, jointly with the State Department, how those resources could best be mobilized to advance early childhood, special education programs in Virginia;
3. increasing communication among projects and those individuals and agencies involved in early intervention throughout the Commonwealth.

During the earliest meetings of the projects, it was agreed that the group had much to offer as a collective of experience and expertise: e.g., a wide diversity of approaches, a variety of settings in which projects were housed, and a wide array of skills in all areas of program development. It was also agreed that communication with the State Department might be more successful if undertaken as a joint rather than individual effort by the seven projects. From this basis, the projects founded an association to accomplish the goals that had been articulated.

The association's representatives met with the Director of Special Education to offer their services and to develop specific plans. The following strategies were formulated as a result of this dialogue:

1. A directory of services would be developed as a way of acquainting school divisions with the First Chance Projects and the services they could provide.
2. A newsletter, First Hand, would be developed as a means of facilitating information-sharing about early childhood special education in the state.

3. A project would be funded to develop procedures for assisting local school divisions in evaluating their own efforts to develop services for preschool handicapped children and to coordinate the provision of technical assistance in the areas of identified need. This project, known formally as the Preschool Evaluation Project (PEP), is jointly funded through grants from the Bureau of Education for the Handicapped to the individual projects and through funds from the Virginia Division of Special Education. (See Figure 2.)

The association meets monthly in Richmond with the Coordinator of Early Childhood Programs for the Handicapped from the Division of Special Education. The chairmanship of the association is delegated on a rotating basis. Minutes are recorded and distributed to members. A record is kept of the time spent on association activities related to PEP, as members in each project are expected to contribute the same amount of time. Travel costs related to PEP are reimbursed by the state, but other costs related to association activities are absorbed by individual projects as part of dissemination activities.

Virginia believes that it is fortunate to have such an enthusiastic and hardworking group of projects interested in cooperating with each other and the State Department to advance the goal of quality services for young handicapped children.

FIGURE 2

Preschool Evaluation Project
(P.E.P.)

CONTENTS:

A. Demographic Information

1. Size
2. Number of Children
3. Services
4. Personnel
5. Types of Children

B. Administration

1. Policy and Procedure
2. Due Process
3. Program Management
4. General Personnel Policies
5. Staff Supervision
6. Staff Development

C. Services to Children

1. Child Find
2. Referrals, Assessment, Eligibility
3. Development of I.E.P.
4. Provision of Services
5. Supplemental Services
6. Evaluation

D. Parent

E. Community Relations

F. Facilities

1. Buildings and Maintenance
2. Equipment

Section 3
Other Issues

The third and final section of Points of View addresses four other issues that are of concern to states providing comprehensive services to preschool handicapped children. "Interagency Coordination," by Charlene Imhoff and Dick Galloway, describes the process used in Massachusetts to develop common program standards for services to children with special needs. In "A Description of a State-wide Model for the Identification of Hearing Impaired Infants," by Susan Watkins, the Utah system of screening infants for possible hearing losses is presented. Two contributions concerning approaches to working with parents are also included. "An Ecological Approach to Working With Parents as Adults and Family Members," by David Lillie, discusses the salient factors to which educators must attend in assisting parents. "The Teaching Research Parent Training Program," by Melvin G. Moore, William G. Moore, and H.D. Fredericks, describes the parent training model employed at Teaching Research at the Oregon College of Education.

INTERAGENCY COORDINATION

by

James R. Galloway and Charlene B. Imhoff

A coordinated interagency delivery system for children with special needs requires that all service delivery systems recognize that programs and services for young children are often inadequate and/or inappropriate and lacking in coordination. To reach the goal of a coordinated interagency delivery system, decision makers and implementers must commit the time to become involved in the design and development of such a system.

In Massachusetts, very few mechanisms exist whereby service providers from public and private agencies can collaborate in the design and delivery of services. In an effort to address these problems, a group of service providers met for the first time in November 1976, formed a planning group, and designed a position paper outlining salient issues. A proposal was then submitted to the Commissioners of all Human Services Agencies and the Education Agency requesting that the group be given formal recognition with the charge to develop a plan for a coordinated interagency service system for children with special needs in Massachusetts. This recognition and mandate was granted to the planning group by the Commissioners on June 22, 1977.

A participatory planning process was designed which involved thirty-one members of federal, state, and local child and family service systems, parents of children, and representatives of city government in Massachusetts.

The planning group spent fifteen days (July 11, 1977, through January 5, 1978) in the process outlined below in an effort to develop an interagency plan.

Step 1: The development of program standards applicable to all service systems for children with special needs and their families

Step 2: The review of existing service delivery systems against the program standards

Step 3: Review of discrepancies and development of statements of need to achieve desired program standards

Step 4: Review of possible alternatives and development of a proposed coordinated delivery system

Step 5: Preparation and presentation of report to commissioners

The development of program standards (Step 1) is imperative if a planning effort is to have direction and a sound rationale for recommendations. Program standards were developed in the areas of assessment, program planning, and intervention. Following is a summary of the standards that were developed during the planning process.

1. Identification Standards

- Public awareness	Comprehensive, Ongoing, Reaches total population
- Professional awareness	Increase skills, Improve identification, Prevention
- Screening	Periodic, Comprehensive, Early identification of special needs

2. Assessment Standards

- Comprehensive assessment	Appropriate for child
- Timing	Within six weeks
- Conditions	Optimum performance
- Due process	Protection of rights
- Personnel	Certification and licensing
- Procedures	Non-discriminatory
- Confidentiality	Individual protected
- Feedback to parents	Interpret findings, Parent input
- Reporting results	Integrated written report, Strengths and weaknesses, Recommended intervention

3. Program Planning Standards

- Planning team	Varies by need
- Parent involvement	All decisions
- Access to programs	All approved services
- Statement of goals	Measurable
- Accountability	Party responsible
- Timing	Within four weeks

4. Service Delivery Standards

- Services available	Continuum from totally planned to totally integrated
- Intervention	Direct result of written plan
- Evaluation	Ongoing--by objective

5. Program Support Standards

- Technical assistance	Available to all service delivery systems
- Program evaluation	Both independent and external consumer input
- Cost accountability	Costs by service, by child, by age
- Interagency agreements	Cost assessments to agencies

The review of existing services followed the design of program standards. The discrepancies between the program standards and existing services resulted in eight basic statements of need:

1. Public Awareness

   Need: To develop a comprehensive, statewide capability to conduct an ongoing public awareness program.

2. Screening

   Need: To develop a coordinated interagency process which ensures that all potentially handicapped children are identified and appropriately assessed at the earliest possible age.

3. Assessment

   Need: To develop effective means of coordinating all assessment capabilities within the Commonwealth to maximize resources and ensure the quality of assessment.

4. Program Planning and Management

   Need: To develop a system which ensures that all of the service delivery resources within a community are utilized in the most coordinated and efficient manner. This system should provide comprehensive, individually appropriate services within the least restrictive environment for children with special needs. Such a system necessitates a continuous array of supportive services to primary care providers (parents and/or others).

5. Parent Participation

   Need: To develop a system that ensures that parents have the opportunity to be involved in all decisions affecting services for the child and/or the family.

6. Technical Assistance and Inservice Training

Need: To develop an effective and appropriate technical assistance capability (including the provision of inservice) to serve all agencies dealing with preschool children who have special needs, and their families.

7. Preservice Training

Need: To develop effective and appropriate preservice training for all early childhood personnel who

- need a better understanding of normal growth and development
- need a general understanding of young children with special needs
- may be referring children for services
- deliver direct services to children with special needs.

8. Financing Services

Need: To develop formal agreements among service providers specifying which service provider will furnish or pay for services.

From these statements of need, a design for field testing was developed which would allow for a coordinated, cooperative system of services at the local level. Field testing of this plan at the local level became one of the primary steps of a total process for determining the feasibility of a Commonwealth-wide system of cooperative interagency efforts.

From the experience of this planning process by the Massachusetts Early Childhood Planning Group, the following conclusions have been reached:

1. Program standards can be developed which are appropriate for all delivery systems and which carry the commitment of all service providers.
2. Existing delivery systems do, in fact, reflect many areas of service duplication and very little cooperative programming, since each service provider continues to provide specific services for selected populations.
3. There is no uniform method of accounting for and reporting the expenditures of funds among the many service providers. Whereas one agency may be able to report the cost of screening children, they may not be able to break out these costs by age. Another agency may have the costs of screening lost in a larger budget category such as diagnosis, so that specific reporting of screening costs is difficult. In the absence of a uniform accounting and reporting system, the cost of providing services to young children can only be estimated.
4. Through jointly staffed, cooperatively funded local programs, it should be possible to meet all program standards for young children with special needs. The goals of coordinated, timely, and cost effective services can be achieved through cooperative efforts of existing service systems when these efforts are directed toward common program standards.
5. The achievement of cooperative, interagency, multidisciplinary services requires:
   a. a full commitment from the director of each agency
   b. interagency staffing and funding agreements

c. flexible interpretation of the service mandates of each agency as staff members work in a cooperatively staffed service system.

A Plan for Coordinated Interagency Services for Children with Special Needs in Massachusetts was approved with some changes in the field test design by the Commissioners of the Human Services Agencies and Education on February 24, 1978.

A DESCRIPTION OF A STATE-WIDE MODEL FOR THE IDENTIFICATION OF HEARING-IMPAIRED INFANTS

by

Susan Watkins

Rationale for Early Education

The need for early identification of handicapped children is critical if the necessary linguistic, psychological, social, and educational habilitative measures are to be taken. Those people working with hearing-impaired children are particularly aware of a critical period for language development in infancy. Research by Eimas (1974), Morse (1972), Menyuk (1974), Lewis and Freedle (1974), substantiates the fact that language development begins at birth, and proceeds rapidly until the child is a linguistic adult at the age of about four years. If we are to use this "critical period" to facilitate language development in the hearing-impaired child, early identification is imperative.

Description of High Risk Screening Program

This paper describes a high-risk screening program for hearing impaired infants in the state of Utah, directed by the State Department of Health, Speech Pathology/Audiology Section. Today this screening program has been replicated in five states under the direction of Project SKI*HI Outreach. SKI*HI Outreach is a BEH-funded program which assists in the implementation of state-wide programs for the early identification of, and home intervention with, hearing-impaired infants.

The Utah screening program consists of a hospital high-risk form that mothers of newborns complete during their maternal stay. If one or more of the high-risk factors on the form is checked as positive, the mother receives a follow-up phone call when the child is a few months of age. The call serves to clarify the high-risk factors identified and to answer further questions about the infant's responses to sound.

1967 Form

The Utah hospital high-risk form was first developed in 1967 by the Utah State Department of Health after consultation with Marion Downs, Geary McCandless, Donald Harrington and others. It was a long questionnaire designed basically for physician use. Some hospitals used behavioral screening (determination of behavioral responses after acoustic stimulation) in conjunction with the physician questionnaire. The questionnaire was later discarded because it was too cumbersome for physicians to handle expeditiously.

1972 Revision

In 1972, the Joint Committee on Infant Hearing Screening listed five criteria for identifying infants who have a high probability of being hearing impaired. The criteria include a history of genetically determined childhood hearing impairment; Rubella or other non-bacterial intrauterine infection; defects of ears, nose, and throat; birth weight less than 1500 grams; and potentially toxic free bilirubin concentration. The committee maintained that the use of these criteria as screening items would increase the detection of congenital hearing impairments as much as ten-fold. At this time, Marion Downs consulted with personnel from the Utah State Department of Health and with Project SKI*HI regarding the formulation of a maternal questionnaire that incorporated the above criteria. The revised form was approved by the Utah State Medical Association, State Hospital Association, State Nurse Association, and Health Services of the Latter Day Saints Church.

For several years, this high-risk form was used in seven Utah hospitals. High-risk children who were identified through the maternal questionnaire received follow-up telephone screening at the age of 3-6 months. Parents of children still suspect after the telephone screening received a home hearing-testing pamphlet which was developed by the Stanford Research Institute. The pamphlet contained instructions on assembling simple noisemakers and presenting sound stimuli. The noisemakers were calibrated to specify frequency and intensity characteristics. A reliability study on the accurate use of this home screening pamphlet was conducted by Dr. Geary McCandless, Phil Allred and Susan Watkins in 1974. In general, the reliability between parent administration of the procedures described in the booklet, and audiologist administration was poor. Many of the parents disregarded the timing instruc-

tions for stimulus presentations and quiet intervals. There was a large percentage of false positives when the parents performed the tests, mostly because the parents were almost always looking for a localization response, even in very young infants. This error was probably due to the fact that the localization response was the only response pictured in the pamphlet. Another problem found was that the parents would often attenuate the signal by placing their fingers down over the noisemaker. Since most of the problems noted were due to inaccuracies in the instruction pamphlet, it was decided that revisions and further testing of the pamphlet should be done.

1976 Revisions

With input from Utah's screening program and other Stanford Research Institute subcontractors (San Diego Speech and Hearing Center, San Francisco Speech and Hearing Center, and University of Montana Speech and Hearing Center), further revision of the hospital high-risk screening form was completed. The latest revisions were made by the Utah State Division of Health in 1976. This form is currently being used by all hospitals in the state of Utah, except one. The form is accompanied by a cover letter and parent education material entitled "Hearing Alert," reprinted by permission from Alexander Graham Bell Association. This parent education material enables parents of children to note auditory behaviors, and if there is concern, to contact the local agency which is identified on the pamphlet.

This hospital form is followed up with a telephone screening when the identified high-risk child is 4-6 months of age. If the child is still at risk, audiological evaluations and/or medical consultations are

scheduled, or additional parent education material is sent to the concerned family.

Finally, when a hearing-impaired infant is identified, habilitation programs such as those based on the SKI*HI model of home intervention are initiated. Ten states have replicated the SKI*HI Program for intervention with hearing-impaired infants. Parents receive weekly home visits and are taught such skills as hearing aid management, and auditory and language stimulation for the hearing-impaired child.

Results of Screening Programs

The Utah State Division of Health, Speech Pathology/Audiology Section, issues quarterly reports on the high-risk screening program. During a typical reporting period in 1976, 9,000 babies were born in Utah. High-risk questionnaires were returned to the Utah State Health Department on 62% of these infants (5,580 infants). Seventeen percent of these infants (or 949 infants) were identified as high-risk and received telephone follow-up. Out of these, 3% (28 infants) remained at risk, and received audiological or medical evaluations. Ten percent of these 28 infants (or three infants) had confirmed sensorineural or conductive hearing problems. If the 1/2000 incidence figure for congenital hearing loss is used, 4.5 children should be identified every three months in Utah. If all the hospital high-risk forms were returned to the Utah State Health Department instead of 62%, the large majority of hearing impaired children could be identified early in life.

The data from other states replicating the Utah model are similar. For example, in Oklahoma City, 992 forms were received from four hos-

pitals in a six-month period in 1977. Sixteen percent of these (155 infants) were high-risk. After the telephone screening, eight infants (5%) were referred for audiological testing, and one of these infants was diagnosed as having a severe sensorineural hearing loss.

An interesting spin-off of the screening program has been the number of siblings of high-risk infants who have been identified as being hearing impaired. In the first six months of 1976 in Utah, 1,626 infants were considered high-risk after their mothers filled in the hospital questionnaire. When the telephone screening was conducted, it was determined that 50 siblings of these infants were suspect for significant hearing loss. Twenty percent of this group were diagnosed as having either middle ear pathologies or sensorineural hearing losses.

Problems with High-Risk Screening

Although many hearing impaired infants are being identified, the various states participating in high-risk screening report four major problems:

1. Difficulty in getting maternal questionnaires from the hospitals
2. Unidentified high-risk or hearing impaired children due to unknown etiologies of hearing loss
3. Intensive-care babies
4. High false positives on the maternal questionnaires

Each of these factors is discussed below.

Low Maternal Questionnaire Return

Utah has experienced difficulty getting the maternal questionnaire back from the hospitals. The number of forms returned in Utah has varied from 50-70%. In attempting to overcome this problem, a question concerning family history of hearing loss was included on all Utah birth certificates as of January, 1978. Since about 70% of all high-risk children are high-risk because of family history of hearing loss, it is anticipated that this move will greatly improve Utah's access to high-risk information on all infants.

Other states have tried varying techniques that have kept their return rates above 90%. Two of these measures are described below.

(1) One person per hospital (nurse, etc.) was appointed to be in charge of the screening program. If one person has responsibility for seeing that the forms are distributed, collected, and returned to the screening agency, high return rates are possible.

(2) Periodic telephone contact (every 3-6 months) was made by the screening agency with participating hospitals. The personal encouragement and interest in each hospital's screening program was helpful in stimulating the return of forms. It is believed that hospital personnel who receive periodic reports on screening results feel that their efforts are worthwhile, and tend to be more conscientious about conducting the program.

Unidentified High-Risk or Hearing-Impaired Children due to Unknown Etiology of Hearing Loss

About 20-30% of all hearing impaired children have hearing losses of unknown etiologies (Northern and Downs, 1974). These children

cannot be identified on a high-risk register. In an attempt to find these children, several mass screening procedures have been used, such as comprehensive behavioral screening (Mencher, 1972; Stewart, 1974). In reviewing data from programs that have incorporated both behavioral screening and a high-risk register, the large majority of children (80-85%) have been identified by the register. In Stewart's 1974 study of 3,681 newborns, twelve were found to be hearing impaired. Ten of the twelve children were on the high-risk register. Six of the twelve children failed the behavioral screening. Only one child failed the behavioral screening who was not on the high-risk register. Although behavioral screening may identify children with hearing impairments of unknown etiology, problems inherent in behavioral screening should be considered. These problems include cost benefit factors, training of personnel, finding newborns at an optimal state for testing (light sleep), and difficulty in detecting syndrome-related hearing losses that appear later in the infant's life (Downs, 1973).

Intensive Care Babies

The incidence of hearing loss among intensive care unit (ICU) babies is considerably higher than in the general population. Simmons (1977) reports that the general incidence of severe hearing loss among the 9,429 infants that he screened to be 2.5/1000 compared with 14/1000 for ICU populations. However, it may seem insensitive to require parents of infants whose lives are in danger to fill in a hearing questionnaire.

Utah has made provisions for mothers of ICU babies to participate in child and youth diagnostic clinics when the child is about six months of age. Mothers of ICU babies who do not participate in these clinics receive contact from the State Department of Health concerning the child's medical and audiological status.

In other states, all ICU babies are tested in the hospitals or are routinely followed up at 3-6 months with a telephone screening or audiological evaluations.

High False Positives on Maternal Questionnaire

In Utah and states participating in KI*HI Outreach, between 15 and 18 percent of all returned maternal questionnaires identify a child as "high-risk." In a state the size of Utah, that means 6,120 phone calls are made per year to parents of high-risk children. In an effort to reduce the number of false positives and "tighten" the maternal questionnaire, some states keep careful records of factors which identify high-risk infants. We are looking carefully at the etiologies of all identified hearing-impaired children in Utah and other replication sites to determine if high-yield questions which identify common etiologies are being asked on the high-risk form. Hopefully, these measures will reduce the number of false positives.

It should be noted that the high false positive rate is relatively easy to handle by telephone follow-up. In a state the size of Utah with 36,000 live births/year, about 25 phone calls per day would be necessary if all maternal questionnaires were returned. This could easily be done by a person working half a day, five days a week. The cost to the state would be minimal, compared with the cost of rehabilitating unidentified children. Mencher (1977) indicates that each year of earlier detection saves $10,000 per child per year.

Summary

Early identification of hearing-impaired infants is essential if appropriate habilitative measures are to be taken. Successful high-risk register screening programs have been conducted in Utah by the State Division of Health and other states assisted by SKI*HI Outreach. A maternal questionnaire is given to mothers of all newborns. Mothers also receive parent education materials such as the Alexander Graham Bell pamphlet "Hearing Alert." Maternal questionnaires are returned to an agency for determination of high-risk infants. These infants are followed up at 3-6 months by a telephone screening. Infants still suspect for a hearing loss are then referred for audiological testing.

Since the incidence of hearing impairment is much greater in ICU populations than general newborn populations, follow-up of all ICU babies is necessary.

Public relations campaigns to inform citizens of early detection and hearing health care is a very important aspect of a successful screening program.

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AN ECOLOGICAL APPROACH TO WORKING WITH PARENTS AS ADULTS AND FAMILY MEMBERS

by

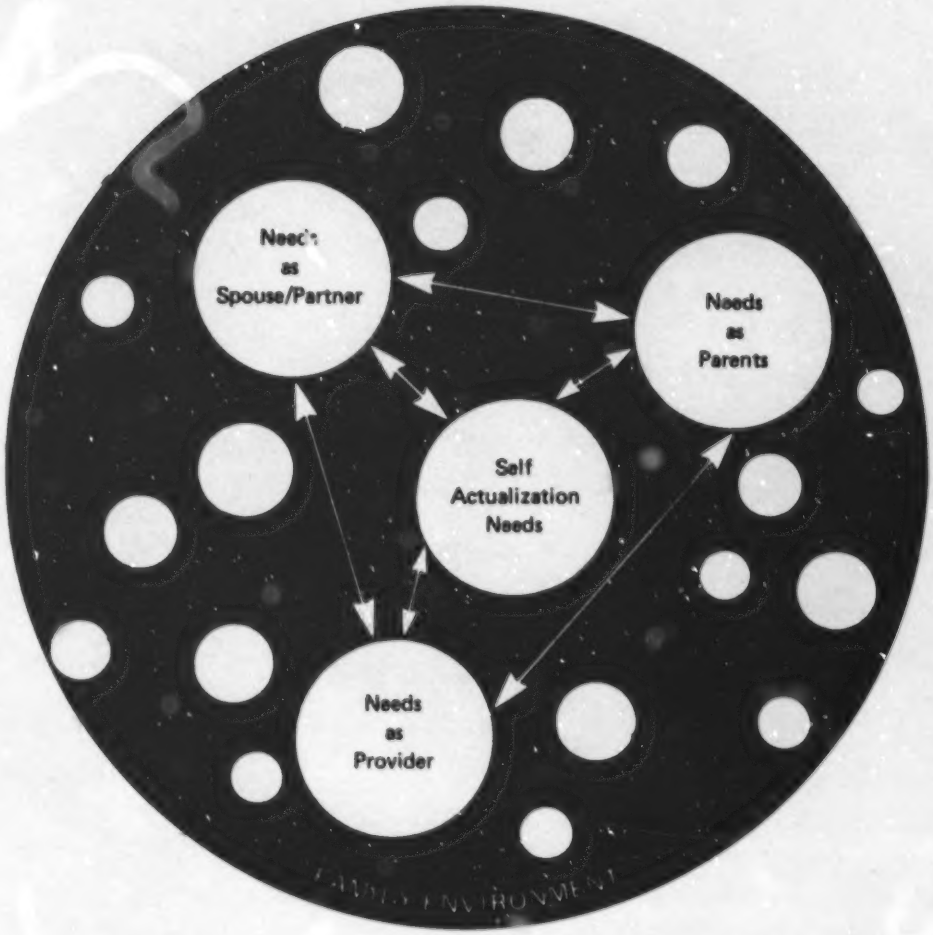
David L. Lillie

Rapid changes are taking place in the provision of services to children with special needs. An increased emphasis on working with parents and families is one of these changes. In addition to providing educational services, educators have been assigned the role of coordination of services for children with special needs (P.L. 94-142). As special educators have moved into the realm of working with parents, we have concentrated on training parents to become better teachers of their children. It is time for us to place in perspective the assumption that the child is a product of his parents behavior toward him. Although much of the trend in parent/family involvement is based upon this assumption, the relationship of parent behaviors and the eventual success of the child is not all that clear.

Skolnick (1978) develops a convincing argument against putting too much emphasis on the ability of parents to shape the child into a "successful" adult. She states: "Increasing evidence is available that suggests that parents simply do not have that much control over their children's development; too many other factors are influencing it."

FIGURE 1.

Needs Constellation of Parents



Scheinfield (1969) conducted a study of 45 black families living in a low income neighborhood on the West Side of Chicago. He found that parents cannot perceive the child's relationship to the world in ways that are fundamentally different from the way they perceive their relationship to the world. Hence, to change child-rearing practices effectively, one must change the parents' experience in the world. Scheinfield goes on to state "a program which tries to deal with the parent-child relationship in isolation from the rest of the parental experience is likely to be severely limited in its effects."

Given this caution, it may be more appropriate to focus on the needs of parents, not only as parents of children, but as individual adults and members of a family organization. A study of child rearing in six cultures, directed by Harvard anthropologists John and Beatrice Whiting, found that parents' behavior toward children is based not so much on beliefs and principles as on a "horde of apparently irrelevant considerations:" work pressures, the household tasks and child care, the design of houses and neighborhoods, the social structure of the community (Whiting & Whiting, 1975). All these influences, over which parents usually have little control, affect the resources of time, energy, attention, and affection they have for their children.

Training parents to perform their parenting roles more effectively may not have as much impact on family and child as many educators believe. To be effective, the training of the individual parent must be integrated within the context of the overall family environment and needs within it. (See Figure 1.) When we approach the individual parent as an entity removed from the environment of the family, we approach that parent on a one-dimensional plane for a specific training purpose. If on the other hand, we approach the parent with the assumption that

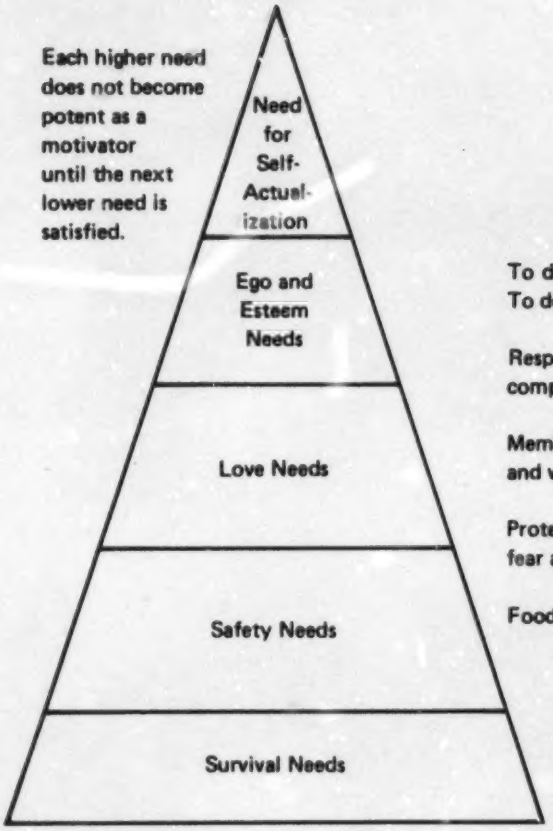
he/she fits into a family environment that includes other members and other needs, we may have much more impact. The needs of any individual, whether parent, teacher, or child are multi-faceted.

Many programs concentrate their efforts on changing behaviors of individuals to affect a desired outcome in the future. It is my belief that goals should be defined in terms of making life "better" for families now. Figure 1 illustrates the needs constellation of parents in a family organization. When putting together all the roles that a parent functions in, the total role needs reflect the immediate ecological make-up of the family environment in which the parent resides. As we approach working with one set of roles and needs, we must be aware of the interaction of that particular role with other role needs to the extent that these forces may control learning, motivation, and application of new skills.

The primary purpose of programs working with parents and families is to assist these individuals to meet and to achieve their goals. There is an increase in awareness and literature that suggests that self-development is a universal human need that interacts with all the roles that we have discussed above. Maslow (1970) talks about a hierarchy of human needs. (See Figure 2.) Meeting an individual's needs, at the lowest level (i.e., physiological or survival needs), frees a person to progress to a higher level of need gratification. He also indicates that persons in whom a need has been satisfied are better able to deal with meeting new needs in the future. Maslow emphasizes that the need for self-actualization refers to the ability to actually live one's potential in becoming everything and anything that one is capable of becoming. If we accept Maslow's hierarchy as basic to motivation and learning, then self-esteem needs and self-actualization needs, as pre-

FIGURE 2

Maslow's Hierarchy of Human Needs*


Each higher need does not become potent as a motivator until the next lower need is satisfied.
Need for Self-Actual-ization
Ego and Esteem Needs
Love Needs
Safety Needs
Survival Needs
Examples
To do what you must do to become fully yourself. To develop your own individuality.
Respect and liking for self and others. Strength, competence, freedom, and deserved fame.
Membership, acceptance, belonging, feeling loved and wanted.
Protection from physical or psychological threat, fear and anxiety. The need for order and structure.
Food, water, shelter, etc.

*From Maslow (1970)

sented in Figure 1, must be a primary focus as we approach working with parents, even though our interests may be on parent functioning areas that we as educators value more.

This brings us to the conclusion that we must approach the parent as an adult member of a dynamic environmental setting and that each adult has self-esteem and/or self-actualization needs that must be taken into consideration as part of any parent training or involvement program. Knowles talks about educational practices influencing the quality of total environments:

> Every organization is a social system that serves as a vehicle for helping people meet human needs and achieve human goals. In fact, this is the primary purpose in which people take part in organizations to meet their needs and achieve their goals and when an organization does not serve this purpose for them, they tend to withdraw from it. So organizations also have a human purpose (Knowles, 1970).

This explanation can apply to the family as an organization as well as to the world of work.

Over the years, Knowles (1970, 1973) has presented several assumptions that underlie adult education that can be adopted for educational work with parents as well.

Changes in self-concept. As a person grows and matures, his self-concept progresses from dependency during childhood to self-directiveness as an adult. This state of self-directiveness is closely related to Maslow's higher levels of need accomplishment, those of self-esteem and self-actualization. In this sense, the individual develops a psychological need to be perceived by others as self-directed. Because of this continuous and strong need, adults (which includes parents) may resent and react negatively to being put into situations that negate the need for self-directiveness. This negative reaction protects their self-concept as a self-directed person. One result might be a tension

between the situation which causes such feelings, and the individual's self-concept. This heightens the potential for resentment and resistance which are not good conditions for learning. If we approach the adult as we have been taught to teach children, messages conveyed might be that of lack of respect, being judgmental and being talked down to. This situation is often compounded by the fact that many adults come to an educational or training situation expecting to be treated like children, just as they were treated in their own school days. The assumption that the environment for learning must be congruent with an individual's needs in terms of self-esteem and self-concept has many implications for how we approach working with parents.

The role of experience. Another assumption is that we must incorporate the parent's vast repertoire of experience into our efforts to impact on the parent and family. There should be increased emphases on techniques and interactions which will tap the experience of the parents and involve them in using these experiences to reflect upon and solve future problems. The self-concepts of adults are pretty much a sum total of their experience. If we approach adults as we do children, we would assume they have had few experiences and they identify themselves through external factors such as who their parents are, the community they live in, their family members, etc. A number of studies indicate that planned experiences can produce changes in the way adults approach problems and organize their thinking. In that case, we must assume that any group of parents we are working with are as different as are their experiences.

Readiness to learn. Most adults, particularly parents involved in educational programs, come to the learning situation with a problem-centered orientation to learning. Mothers and fathers come to educa-

tional activities primarily because they are experiencing difficulties in current day-to-day life problems. Therefore, they want to apply tomorrow what they learn today.

This is quite different from what most of us have experienced as we progressed through grade school and high school. It is also quite different from the perspective that most teacher-training programs provide for educators in training. When we are taught to teach children, we are not concerned with the child's immediate application in his home or environment. Instead, there is a postponed application or an application that is tied primarily to the task of getting through school. The need for immediate application has major implications for the way we organize learning experiences for parents. To be relevant, content must be organized around need areas that have been identified, and heavy emphasis must be placed on the ability of the learner to apply what is learned to specific problem situations. Adults, then, are ready to learn, because they are going through continual developmental phases within their roles as parents, spouses, workers, and in many other roles. A critical implication of learning for adults is the importance of timing the learning experience to coincide with the learner's need in terms of the developmental phase that the learner is going through.

In summary, there are several important factors that we as educators, in either state government or demonstration projects, must attend to if we are going to be truly helpful to parents and their families. First, we must approach the parent as a member of an organization, that organization being the family. As we plan for parent involvement, we must understand and take into consideration the variety of roles each adult has within that family organization and that change will take place only when these changes assist the adult in meeting self needs.

As we approach learning situations with parents, we must take into account factors such as self-concept, recognition of experiences, and the relationship of what is to be taught to needs and knowledge application.

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THE TEACHING RESEARCH PARENT TRAINING CLINIC

by

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Parents frequently encounter conflicts with their children ranging in severity from non-compliant behavior to breaches of the law in their community. In addition to familiar behavior problems, parents of handicapped children may face problems of intensive remediation in the areas of survival skills, language development, motor rehabilitation, and academic skill development. Unfortunately, most parents lack the skills to develop effective intervention strategies to remediate these problems. Consequently, a need exists to provide parents with behavior management techniques and skill development procedures that can be applied to a wide variety of problems and situations. Several training approaches, ranging from parent effectiveness groups to individual parent training sessions, have been developed to provide parents with these skills. Regardless of the program format, if these approaches are to be effective they must: (1) be responsive to the problems identified by the parents; (2) focus on skill development rather than on mere theoretical or conceptual ideas; (3) demand that parents apply newly acquired skills by conducting programs that allow for skill demonstration; and (4)

employ a trainer who is responsive to the speed at which each parent can learn the procedures, and to the sophistication with which the parent can apply them.

While these four aspects of an effective parent training program address the question of how the trainer trains parents, a more basic question is, "What skills does the trainer teach?" In some programs parents are trained as "behavioral engineers" which necessitates that they selectively observe, record and deliver consequences to each of the target children in their home (Patterson, Jones, Whittier, and Wright, 1965; Reid and Patterson, 1973; Becker, 1973). It has been argued that the attention directed toward a child under treatment may cause the parent to neglect other family members. However, if procedures focus on a common set of intervention skills which can be generalized to other behaviors and children, rather than emphasize individual case treatment procedures, this concern is no longer a problem (Bushell, Wrobel and Michaelis, 1965; Zimmerman and Russell, 1969). It appears then that the trainer must teach the skills of: (1) effectively identifying the behavior and/or behaviors in need of remediation; (2) documenting the need for intervention by recording how often and under which conditions the behavior occurs; (3) identifying what factors in the child's present environment need to be rearranged to expedite appropriate behavioral change; (4) documenting the direction and degree of behavioral change as a result of environmental reorganization; and (5) maintaining the newly acquired child behavior after the termination of systematic intervention.

These techniques are best taught through individual and/or small group training sessions which focus on specific skills. The trainer and parents can discuss an individual skill and its application in various

situations within the home. Through structured programs, parents can be required to demonstrate during the ensuing week that the skill can be applied in the home environment. If documentation indicates that the parents have acquired the skill, an additional skill is taught at the next training session. However, if the documentation indicates that the skill has not been mastered, it is discussed and additional programs given until mastery is demonstrated. The ultimate responsibility for obtaining parental mastery, and hence the eventual incorporation of the entire set of child management skills, lies with the trainer--not with the participating parents.

Teaching Research Parent Training: A Clinic Model

A parent training clinic, known as the Teaching Research Behavioral Clinic and located within the Teaching Research Infant and Child Center facilities at Monmouth, Oregon, was established in January, 1972. This clinic, operated in accordance with the principles and skills discussed in the previous section, is funded by the Mental Health Division, a program within Oregon's Department of Human Resources. The intent of the clinic training is to develop parental competencies in the analysis, utilization, implementation, and evaluation of behaviorally based intervention programs. Based on the principles of individualized programming, sequentially prepared remedial programs are provided by the clinic staff for parental use. The programs are designed to remediate dysfunctions in: (1) survival skills (e.g., self-help skills such as toileting and feeding); (2) language development (e.g., expressive and receptive); (3) preacademic and academic skill development, (4) motor skills (e.g.,

the entire range of basic motor skills, such as sitting or rolling, to recreational skills, such as throwing or catching); and (5) social adjustment (e.g., remediation of inappropriate behaviors such as reduction of temper tantrums and bedtime wetting). Frequently, at the insistence of a child's parents and his teacher, classroom management techniques are also developed to build a more comprehensive therapeutic environment.

Program Description

Regardless of the targeted area or behavior, all programs have common features. First, programs are sequential, beginning with necessary prerequisite behaviors and terminating with the complex terminal behavior. Numerous programming tools are employed, ranging from forward and backward chaining to cue exaggeration and fading. The majority of the teaching sequences are catalogued in the Teaching Research Infant and Child Center master instructional curriculum. The instructional scope and sequence of skills are frequently modified to meet the idiosyncratic needs of each family situation. Second, each program requires the utilization of positive and negative feedback, contingent upon appropriate and inappropriate behavior. Parents are "schooled" in the strategies of parental feedback for modifying the targeted child behavior. Learning is maximized when the child's behavior operates on the environment and the environment contingently responds to that behavior. Third, each program requires that continuous evaluation techniques be employed which track the child's behavior and facilitate appropriate treatment decisions. Each family collects daily data in environments in which the treatment is conducted. Once the behavior is occurring at an acceptable level or frequency, formal intervention is terminated.

However, data are randomly collected thereafter to ensure the maintenance of the newly acquired skill.

Written instructional materials are periodically employed, but are recommended only during the last phases of training or when requested by participating parents. Written materials are used to facilitate the parents' conceptualization of the intervention model, not to teach component treatment skills.

During the initial intake conference parents are required to place a financial deposit with the clinic. It is explained to parents that child improvement is generally believed to be sufficient to insure parental involvement. Further, they are told that contrary results from many existing parent training programs indicate that there is actually a substantial reduction in parent participation as training progresses. These results suggest that "child change" may not be an enduring parent reinforcer. The rather slow and meticulous way in which many behaviors must be changed may be one cause of this decrease in parental interest. The deposit, commensurate with the parents' income, is obtained to ensure parent administration of the prescribed treatment program. One half of the clinic deposit is returned, contingent upon the parents keeping their next scheduled appointment; the other half is returned if the parents administer and collect data for the treatment programs which were mutually agreed upon during their previous visit. The deposit provides an immediate and meaningful consequence to parent participation. No additional fees are obtained from families.

The frequency of return visits is determined by the progress of the child, the complexity of the behavior under remediation, the degree of supervision necessary for the parents, and location of residence. Normally, three to five consecutive weekly visitations are scheduled to

ensure proper parental training. Following the establishment of fundamental skills, the parents are asked to return first biweekly, then monthly. In cases where frequent visits are recommended but are impossible, telephone conferences are scheduled concurrent with direct monitoring via surface mail. The termination of a case is based upon the successful modification of the problems discussed during intake and/or demonstration on the part of the parents that they have developed effective intervention strategies.

The above description stresses the remedial, as opposed to diagnostic, function of the clinic. Clinic activities are, however, coordinated with existing diagnostic and referral agencies. Parents request that medical, psychological, and academic evaluations conducted by other agencies be sent to the clinic personnel. This information aids in developing effective treatment programs. Many diagnostic agencies inform the parents of the Behavioral Clinic's existence, but the parents must initiate participation through direct contact with the Clinic director.

Periodically, it is necessary to place a child from the Clinic caseload into one of the Teaching Research Infant and Child Center prescriptive classrooms. Factors which influence such a placement are: (1) specific problems of the magnitude to require immediate intervention; (2) parental discouragement due to slow progress in modifying the child's behavior; and (3) the need for more frequent supervision of parents than is possible through weekly Clinic appointments. Such placements are short-term, with parents returned to the Clinic caseload as soon as possible. The prescriptive classrooms, however, may be an alternative for more long-term placement of the child.

The success of the Behavior Clinic has prompted the Oregon Mental Health Division to adopt the model as an alternate form of direct service to children and their parents under the Mental Health Division's responsibility for services to children. The Clinic and its staff are back-up services for 19 Parent Training Specialists (PTS) located in community mental health programs throughout Oregon. These specialists were trained at the Clinic and are replicating the model in their respective communities. Difficult cases that a PTS may encounter may be referred to the Clinic, if the PTS accompanies the family during training sessions. These visits provide the PTSs with additional training. The PTS positions are also funded by the Mental Health Division, supervised by the Directors of their respective community mental health programs, and provided with onsite technical assistance by Teaching Research Clinic staff.

Evaluation of the Clinic Model

Evaluation of the effectiveness of the Clinic in training parents to remediate problems presented by their child is based primarily upon the comparison of baseline (pretreatment) data with the continuous data collected during treatment. These data, gathered by the parents in the home, are checked for reliability by the Clinic staff at the time of each Clinic visit. In essence, the progress of the child is the test as to whether or not the Clinic program is successful.

In addition to the skill gains of children enrolled in the Clinic, a hallmark of success is the parents' attendance at their appointments and their faithful participation in carrying out the prescribed programs. Approximately 89% of all scheduled appointments are kept, 9% are can-

celled but rescheduled and attended by the parents, with only 2% of the scheduled appointments not kept by parents. A perfunctory check with other free clinics, which deal with parents and prescribe programs for children, indicates that this is a highly favorable result, especially when compared with data from those programs which show that approximately 60% of their scheduled appointments are kept by parents.

Individual case data indicate that the average length of a program, from beginning to successful completion, is 8.36 sessions, or approximately four hours and fifty minutes of Clinic time. However, parents initiate an average of 2.47 programs with their children before terminating from the Clinic. At the time parents are terminated from the Behavioral Clinic, approximately 25% of those programs are transferred to other agencies after programs are designed, initiated and progressing toward successful completion. The remaining 75% of the programs are retained at Teaching Research with an overall success rate of 73%.

Conclusions

Individual and group data clearly indicate that the Clinic model is a viable means of providing parents with management and instructional skills which assist them in modifying problem behaviors exhibited by their children. Parents acquire those skills as presented in individual Clinic sessions. In addition to the individual program data, numerous supportive subjective reports have been received from collateral personnel indicating a generalization of child changes to other environments (e.g., school).

Undoubtedly, the two most intriguing aspects of the model are the data base and the speed at which the parents acquire the skills. The data base is an essential ingredient, without which the efficiency of the model dramatically decreases. Data must be collected in the environments in which the treatment occurs and are the basis upon which treatment decisions are derived. Further, individual case data indicate that in a relatively short time parents acquire and successfully administer skills to remediate problem behaviors exhibited by their children.

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